075364 DEC

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
APPENDICATE OF STATE

	FOR STATE	DE		EALTH AND MENTAL HYGI	ENE		****	
	REGISTRAR			ICATE OF DEATH	RES. NO.	j	1	4 3
I	DEVEASED NAME FIRST	MIDDLE	^ '	AST	20. DATE OF DEATH MO			2b HOUR
۱	HNN		HE)Ams	12		87	3 Am
1	3. SEX	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDA	MONTH	DER 1 YEAR	HOURS MIN.
	Female	White	July		82	YRS.		
2	70. BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COU	JNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF D	EATH	
Ž,	Virginia /	U. S. A.	WIDOWE	DIVORCED	Wicomico			MD
1	Salisbury	11. NAME OF HOSPITAL, I	VE STREET ADDRESS)		120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WO Housewife		b. KIND OF IDUSTRY	BUSINESS OR
1	USUAL RESIDENCE IF NURSING OME OF 30. STATE Maryland Som	NTY 13t. CITY C		13d INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS / ZZ 22 Potomac S	t. (2	1817))
'n	FATHER'S NAME	MIDDLE to	AST	15. MOTHER'S MAIDEN NAM			1467	
(John		nmers	Mary	Virginia	L		itzel
7	160 WAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SOCIA	AL SECURITY NO.	17 INFORMANT	501 S. Ma	in St		
Ц	No Nor		05-7009	Bobby D. Adam	s Berlin, N	in St. D 218	11	
	18 CAUSE OF DEATH (Enter o	nly one cause per line for 101,	, (b), and ici.i	_ (L	APPROXIM BETWEEN OF	MATE INTERVAL
1	PART I. DEATH WAS CAUSI	ED BY:	elrial	1 knombos	Sin		h	surs
		DUE TO, OR AS A CON	NSEQUENCE OF				655	
ı	Canditions, if ony, which		eleval	On Eriosal	lewsen		ye	aro
d	gove rise to immediate cause (a), stoting the	DUE TO, OR AS A CON	NSEQUENCE OF				(
	underlying cause last.	(c)					V	
		CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDIT	ION GIVEN IN	PART Ira	
	@ arterio sal	erotic Ca	a dia va		are			
0	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		DB. IF YES, WEI N CERTIFYING YES []		
	210 ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURRE			OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR					
i	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	C. C		OUNTY	STATE
	WHILE NOT WHILE AT WORK	LAT HOME, STREET, FACTORY,	, OFFICE, FARM, ETC)	STREET	CITY OF TOWN		OUNIT	STATE
	220 I certify that Mir(this hasp	pital) attended the degegsed	from OC	1 4 19 76	to Dec 1	1 19_	87 11	hot (we) lost
	saw the deceased alive or	n OCC (_19_ <u>87</u> _, or	nd that in (our) opinian de	eoth accurred on the date	and havr and	fram the co	auses stated
ij	22b. SIGNATURE	will view the dady after death		DEGREE			22t. DATE S	IGNED
	Hipu	es C Hi	el m.	M. () ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	vu l	12	111/87
1	224 PHYSICIAN'S NAME ITYPE	OR PRINT)	()	22e_ADDRESS	1. 0 : 1 :	,)		1
	THOMAS	C. Hill J	R	11/ne 13/4	IL Kood	Salisb	URY	· Md
	230. BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION			4.00
	ISPECIFY) Burial	12/14/87	Sunnyri	dge Cemetery	Crisfield	d Son	nerset	t Mb

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR
Bradshaw & Sons

Crisfield, MD 21817

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Photo 19-11 CI Connect In 11-11 3 Ha - Company of the comp cpincin and a second se car said a serverto treat Singular - graduates A CONTRACTOR OF THE PROPERTY O -Victor to purchase and distance

7 [7	53	DEC	118	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARY HEALTH ANI FICATE OF	MENTAL HYG	IENE REG	. NO. 3	7	Bromps Bromps	40
				12.1		EASED NAME	FIRST		WIDDLE		LAST		20. DATE OF DEATH	HTMOM H			26 HOUR
		, pe	deoth		1111		Maria	20	Lee	ŀ	Idams		Deci	ember	3,19	37	7:30 PM
		E	0 0		3. SE)			4. RACE	4	5. DATE	OF BIRTH	YEAR	AGE (IN YEARS LAS	T BIRTHOAY)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS
		4	ectar irs of		1	Male		Wh	ite	No		1916	7	YRS			1.00.00
4		Pag	P di	01		OUNTRY)	OR FOREIGN	76 CITIZEN C	F WHAT COUN	TRY? 8	FD NEVE	R MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DEA	ATH	
1	U	The state of		2		Md	4	U	S.	WIDOW	ED 🗌	DIVORCED	Wicomico				MD.
		- M	721	3//	0. CI	TY OR TOWN OF	DEATH		F HOSPITAL, N		OR OTHER IN	ISTITUTION	120. USUAL OCCUP			CIND OF JSTRY,	BUSINESS OR
	201	- 6	五章 ((D) (J		lisbury			ula Ger				Farmer		1-	STI	cultura
	N0 21	24 hou	filled in	9		L RESIDENCE IF	NURSING HOME OR	OTHER INSTITUTION	13c. CITY OR			CITY LIMITS?	13e. STREET ADDRE	Box :	270	2	1871
	BALTIMORE, MARYLAND 2120	100	A	191	IL FA	THER'S NAME JECON	no (k	PIDDLE	Ado		15. MOTHE	R'S MAIDEN NA	MĒ	E	/	LAST	C.
	E. A	1	7	Se la		AS DECEASED E	VER IN U.S. AR.		? 16b. SOCIAL	SECURITY NO.	17. INFORA	MANT	AD	DRESS	Box 2		
	O W	pe s	5 5	medika	J 1	ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	216-1	8-8728	Mrs	Norma	Adams	West		M	d 2187
	ST.,	certificate b	ng physicial bonpapers. removal.	c event, the		PART I. DEAT	H WAS CAUSE	ly one couse p D BY: E CAUSE (0)_	Metasta	b), and ici.)	nal	Cell	Concer		BE	APPROXIM TWEEN O	MATE INTERVAL NSET AND DEATH
	PRESTON	deoth	ending e carbo	mof		6 lui 11		DUE TO,	OR AS A CONS	SEOUENCE OF							
	PRES	the de	y the otten e remave c cremation,	trou		Conditions, if	immediate	(b).									
	×.	thot th				couse (a), st underlying co		DUE TO,	OR AS A CONS	SEOUENCE OF							
	105, 201	equires 1	signed b Then plea ta burial,	. =	NO	PART 2. OTHER S	GIGNIFICANT C	ONDITIONS	CONTRIBUTING	G TO DEATH BU	T NOT RELAT	ED TO THE TERM	INAL DISEASE OR C	ONDITION	IVEN IN P	ART 1(o	1
	S	NO NO	rmit. T	À To	CERTIFICATION	19a DATE OF OP	RATION	19b. CON	IDITION FOR W	HICH OPERATI	ON WAS PER	FORMED	200 AUTOPSY?		ES, WERE		
	IL RE	on.	hos	Shows 7	TEK								YES NO	_	YES [WOSE2	OF DEATH?
	DIVISION OF VITAL RECORDS,	CIAN: T	rr this certificate has the burial-transit per and Mental Hygiene	Hem 18 sh		218. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEA	TH HOUR	OF INJURY A.M. MONTH P.M.	1 DAY YEA		INJURY OCCURI	RED (ENTER NATURE OF	INJURY IN ITEM 1	8 PART 1 OR F	ART 2)	
	VISION	G PHYSI	the burn	marked or It	MEDICAL	21d. INJURY OCC		21e PLAC	E OF INJURY STREET, FACTORY O	OFFICE FARM, ETC }	211 LOCA STR		CITY C	R TOWN	COU	NTY	STATE
	5	Z o	Afte os	Bar		22a.l certify tho		tal) otteoded	the deceased f	rom Ve	4/1	19 6	7 to De	- 3	19_0	27	hat (I) (we) last
		ATTEN	CTOR: Aft for use as of Health	121 is		sow the dec	eased alive an	JAR.	C 5		and that in (m	ny) (our) opinion	death accurred on th	e date and h	our and fr		
		DR o	DIRE	H Hem	/	176. SIGNATURE	0		0/)	DEGREE	ATTENIOUS	a MEDICAL	TAFF	220	DATE S	
		TAL (Al	± 7	(11	12.	1	2	/	W	PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [1	14-	3-87
		JSPI d ba	FUNER old be o	RIA		22d. PHYSICIAN	S NAME TYPE C	PRINT)	M h		22e ADDR	ESS/45	E. Con	1011	57.		
		HO	P E	PORT		Dand	4.6	ours!	M			Solishu	in Mi	121	801		

DHMH - 16 50M 1/81 (VRA 15, 4)

James L. Hinne.

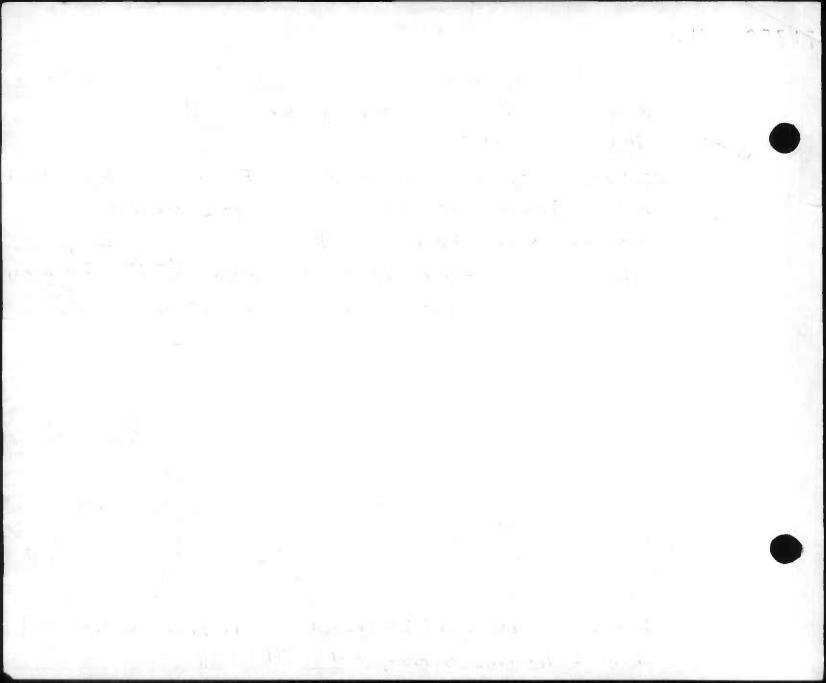
230 BURIAL, CREMATION, REMOVAL 230 DATE 1

Pr. Hone, 1

231 NAME OF CEMETERY OR CREMATORY

DEC 1 0 1987

Sh. REGISTRAR'S SIGNATURE



075068 DEC 15,87 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> REGISTRAR I DECEASED NAME SIDNEY

STATE OF MARYLAND

CERTIFICATE OF DEATH

ADAMS LAST

8

IF UNDER I YEAR IF UNDER 24 HRS

BALTIMORE CITY OR COUNTY OF DEATH

126 KIND OF BUSINESS OR INDUSTRY

0800

Ennis

21801

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH minute

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

CITY OR TOWN COUNTY STATE

23a. BURIAL, CREMATION, REMOVAL Cremation

12/10/1987

23c. NAME OF CEMETERY OR CREMATORY Salisbury Crematory

Salisbury, Wicomico, Maryland

24 FUNERAL DIRECTOR

Holloway Funeral Home, P.A., Stalisbury, Marylan **DEC** 14 1987

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SICKARDA

DHMH - 16 50M 1/B1 (VRA 15, 4)

077233

completely filled in by the funeral director, page 3 strond 2 sharld be filed within 72 haurs after death

executed within 24 hours ofter death. Page 4

		FOR	STATE DEPARTMENT OF HE	OF MARYLAND	ENE	(%)	4	
2 IA		STATE REGISTRAR	CERTIFI	CATE OF DEATH	B REG. NO	5. 5 /	1	4 1
ائل ز		OR PRINT) LOTTIE	MATILDA AS	New	20 DATE OF DEATH	30	1987	3 P M
	3. SEX	Female "	White 5. DATES	F BIRTH DAY PEAR 1914	6 AGE (IN YEARS LAST BIRT	YRS		IF UNDER 24 HRS HOURS MIN.
of orce	7a. Bi	PARYLAND	U, S, A . WIDOWEL	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	RCOUNTY OF	DEATH	MD.
notified	S	ALISOUPY 11.	. NAME OF HOSPITAL, NURSING HOME OF	ROTHER INSTITUTION	120 USUAL OCCUPATION OF THE PROPERTY OF THE PR	ON FWORKING LIFET T	NOT STRY	BUSINESS OR
must be	m	ARYLAND 136 COUNTY		134 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	ZHP CODE Chunc	h 54	21801
examin	1	ATHER'S NAME FIRST FORGE	TARLOW	15. MOTHER'S MAIDEN NAM	WIDDLE	LIVIA	1957	TON
event, the medical		VAS DECEASED EVER IN U.S. ARMEI YES, NO PRONKNOWN) (IF YES GIVE W.		17 INFORMANT	K. Agna	55 1009 20 SAI	E. C.	ry Md.
injury, ar ather traumatic event,		PART I. DEATH IEnter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o.), stoling the underlying couse lost.		25028 Diseo	20 . 2 Deme	antia	3 ys	CIP DEATH
ijuny, o	z	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART 1:0	
ou (CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, W IN CERTIFY IN YES	G CAUSES	
morked or Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)	
orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)	211. LOCATION STREET	CITY OR TO		COUNTY	STATE
.50		22a.1 certify that (l) (this hospital) sow the deceased alive on above (1) (we) (did) (aid no) v	new the body ofter death	d that in (our) opinion a	leath occurred on the do	ote and haus an	d from the d	
VT: If them 2	,	278 SIGNATURA DO	M date		MEDICAL STAF	FF CIAN [12. DATE S	
MPORTANT		22d PHYSICIAN'S NAME (TYPE OR PR	INT)	Suder, MEd	l Contor, So	Labury.		

230 NAME OF CEMETERY OR CREMATORY WILOMICO MCM, PK

DHMH - 16 60M 7/84

230. BURIAL, CREMATION, REMOVAL

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove card with the State Dept of Health and Mental Hygiene prior to burial, cremation, or

TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the hospital or attending physician.

BP.

(VRA 15, 4)

230. BURIAL
BUNIAL
24 FUNERAL DIRECTOR
BAKER +BOUNDS SALIS GODRESS

SALIS DU

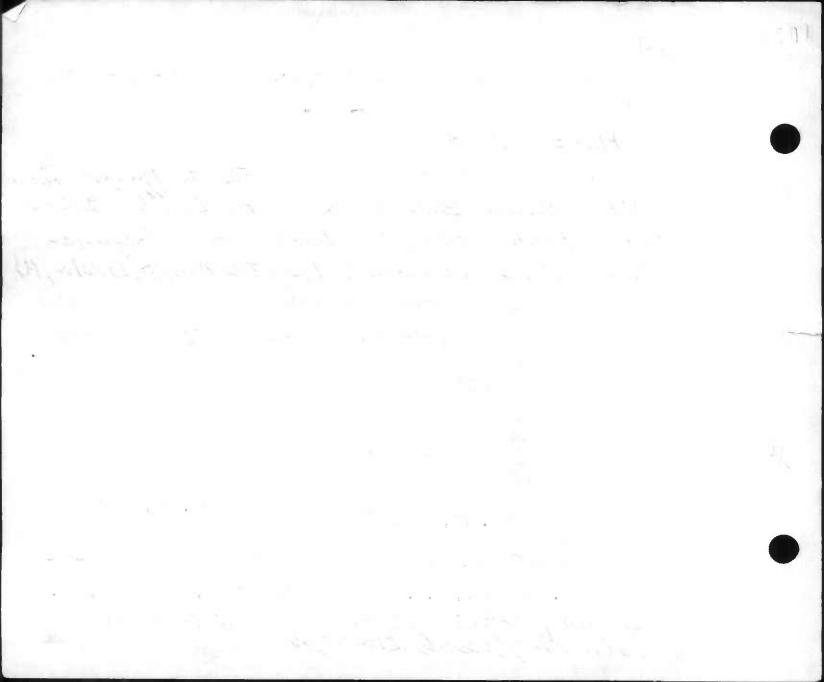
CATION INFORMATION COUNTY

REGISTRAR 25 MEGISTRAR'S SIGNATURE

1988 Substitution

THE REST HALL WE SHALL WE SHAL

	1			STATE OF MARYLAND		
0500	١,	FOR	DEPARTM	ENT OF HEALTH AND MENTAL F	IYGIENE	M1
6526 DEC	BO	STATE DREGISTRAR		CERTIFICATE OF DEATH	REG. NO.	1147
		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
be 3	(TYP	William	Thomas	Albright 5x	12- 2	4 -87 1126 M
moy be poge 3 ter death	3. SE		4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
4 9 9		Male	White	MONTH BAY YEAR 26	. 61	MONTHS DAYS HOURS MIN.
Sunda Sunda	100	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?		RAITIMORE CITY OR COUNTY	OFDEATH
deoth.	1	COUNTRY) M255,	V J.A.	MARRIED MEVER MARRIED WIDOWED DIVORCED	Wicomico	MD.
within 24 hours offer death. Page letely filled in by the futures direct d 2 should be filed within 72 hours mines missible rotifies at access		alisbury	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Peninsula Genera		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR E) INDUSTRY
in ours	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	1 Berries 1	Mary Plange
in 24 h	<u> </u>	MA WI	Lemica BIV2	UG YES NO	P.O.0502 6	21814
ed within ampletely and 2 sh	1	THER'S NAME FIRST Au	ston Alberg	15. MOTHER'S MAIDEN PERST	A MIDDLE TE	EATHER
ond on ond on one of on	i ba.	NAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (18 YES GI	MED FORCES? 166. SOCIAL SECUI	RITY NO. 17. INFORMANT	X FILE ALGUATION	RIVE/VE MJ
0 0 0		CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), and	(e)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death certificate and by the attending physici please femore carbohapper urial, ceremine, or removal.		PART I. DEATH WAS CAUSE				30 mins
e death certife attending parties, or remarkion, or remarkion to the contraction of the c			DUE TO, OR AS A CONSEQUE	NCE OF	nanulam Massas	
he death e attenue emove co mation.		Conditions, if any, which gave rise to immediate	(b) Hyperte	nsive Cardiov	ascular Disease	years
that the day the deserviol, crem		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
equires the signed Then ples to burio injury, or	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIV	EN IN PART I (a)
been red prior to prior to parior to	CERTIFICATION	19g DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
on. has been to permit. Thermit.	[] 문				INCERTIF	YING CAUSES OF DEATH?
0 - 0 0		210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 P	
SICIANI TI ng physicic certificate urial-transiti tental Hygii		OR CONTRIBUTING CAUSE OF DE	AIH	Y YEAR		
HYSICIA nding pn his certific buriol-tr d Mentol I or Item I	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e. PLACE OF INJURY	21f. LOCATION		
or offend After this se os the k olth and marked a	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE
	1	22a certify that (1) (this hosp	ital) attended the deceased from_	. 19	67 to Dec. 24,	19, that (I) (we) lost
OR ATTEN The hospital DIRECTOR: Soched for us Dept. of Hem 21 is	1	saw the decembed dive on	Dec. 24, 19	87, and that in (my) (aur) apin	ian deoth accurred on the date and hav	r and fram the causes stated
OR A be hosported bill be better them if them		226. SIGNATURE	IT VIEW THE BODY OTHER DECITION.	DEGREE		22c. DATE SIGNED
		Coline	363 ulbely	M . ATTENDIN	G MEDICAL STAFF N X DIRECTOR D PHYSICIAN D	12-24-87
HOSPITAL (ined by the FUNERAL I wild be detected by the Store I by		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS		
		John T. F	Bulkeley. M.D.	Pine Blu	ff Road, Salish	ourv. Md.
5 8 5 8 M	23e.	BURIAL CREMATION, REMOVAL		AME OF CEMETERY OR CREMATO		4
BP		Buxist,	12/20/87 0	SIVE COM	BYVILVE,	STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		Tracks M	/essus	DIVAINE, MASO	DATE REC'D. BY REGISTRAR 356 REGIST	RAP'S SIGNATURE
			,			



REGISTRAR

DECEASED NAME (TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 26 HOUR IF UNDER TYEAR IF UNDER 24 HRS 5. DATE OF BIRTH MONTH YRS 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED Wicomico WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR Peninsula Ceneral Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP, CODE 13t. CITY OR TOWN Your YES 🕱 NO [15 MOTHER'S MAIDEN NAME MIDDLE LAST 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 16 vacada Lerea

DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

MONTH DAY YEAR

NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

19 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE, FARM, ETC 1

21f LOCATION CITY OF TOWN COUNTY STREET

22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death.

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

STATE

23 BURIAL CREMATION, REMOVAL

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION OR TOWN

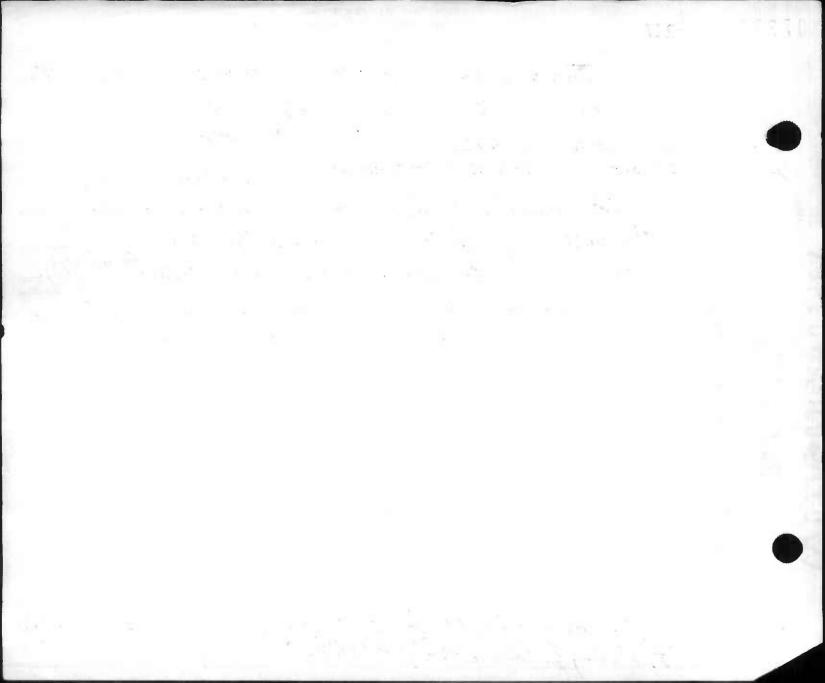
OMICO BY REGISTRAR 256: REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

073739 DEC -2.87 PRATE

24 FUNDRAL

DATE REC'D.



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212	10.0	v	me	100	MINN	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CE	RT	IFIC	ATE	OF	DEATH	

8	REG. NO.	U	7	1	5	1
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-	88	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL P	HYGIE	NE /REG. NO		7 1	5	1
1		EASED NAME	FIRST	A	AIDDLE		AST	2	a. DATE OF DEATH	AONTH DA	Y YEAR	26 HOU	JR
	(1102)	ORPRINIT	ROSA		М.	A)	172A	17	DECEMB	EK I	91987	7.0.	J.M
1	3. SEX			4. RACE		5. DATE C		6	AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER	24 HRS
	Fε	emale		White		NOV	3, 1942		45	YRS.	DATS	HOOKS	MIN.
		RTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	7	BALTIMORE CITY OF	COUNTYO	F DEATH		
1		exico		USA		WIDOWE			Wicomico				MD.
7	1	Y OR TOWN OF D	EATH				OR OTHER INSTITUTION	1	128 USUAL OCCUPATION		125. KIND (ESS OR
1		alisbury	A. A		Ta Genera		spital	1	h;omemake	Γ	own	hom	е
1	USUA 130 S	L RESIDENCE (# NU TATE	RSING HOME OR	OTHER INSTITUTION,	13c. CITY OR TOW	٧	134. INSIDE CITY LIMITS		3e STREET ADDRESS		9	449	4
2		laware	Sus	sex	Seaford	1	YES X NO		Apt 26 Se	aforc	Mea	dows	
1	II) FA	THER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	E MIDDLE		LA	AST	
	2			Mar	tinez			unl	known				
7		AS DECEASED EVE		MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT		Newalk	S DE	1970	2	
5	,	no	(# 163, 614	e war on pares	455 44	9246	Maria E.	. A:	vila 31C5	Cava	alier	Apt	S
	NO	Canditions, if ar gave rise to it couse (0), sto underlying cau	my, which mmediate ting the se last.	(b)	R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D	NCE OF	CEZVIX	TERMIN	NAL DISEASE OR COND	DITION GIVER	N IN PART I		
1	CERTIFICATION	190 DATE OF OPER	ATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, IN CERTIFYI YES	ING CAUSE		TH?
1	MEDICAL CERT	210. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER, NOTIFY ME 21d. INJURY OCCU	CAUSE OF DE	HOUR A.	M. MONTH DA M. OF INJURY	19	211 LOCATION	CURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR			STATE
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		22b. SIGNATURE	4	hof				NG M	MEDICAL STAF	IAN 🗌	12-3	E SIGNED	77
		EVANG	et.	S C	LIGNO	25	MEDICAL	- (C. N #	6. SA	HLISI	SUR	Y
	23n B	URIAL CREMATION	N REMOVAL	123h DATE	123c N	IAME OF C	EMETERY OR CREMATO	DRY.	23d LOCATION				

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT, If hem 21 is should be detached with the State Dept.

> Cremation 01/04/1988

Salisbury Crematory

Salisbury, Wicomico, Maryland

24 FUNERAL DIRECTOR
WIMDSOr-Disharoon Funeral Horrie, Laurel, Delaward 7 1988

JAN 7 1988 / Kill-Tease

STATE OF MARYLAND

07	4072 DEC	-3	FOR STATE RYGISTRAR		DEPARTA	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	3 REG. NO. 3 7 1 3 &
			CEASED NAME	FIRS1	WIDDLE	LAST	26 DATE OF DEATH MONTH DAY YEAR 26 HOUR
	y be		. O. (1)	ANNA	G. BARKLEY		11- 12-87 3:30P M
1	moy er d	3. SE	X		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
5	S of	F	Emale		Black	7 - 21- 1898	89 YRS.
-	. Pag		IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
	deoth		Maryland		U.S.A.	WIDOWED DIVORCED	WICOMICO COUNTY MD
	B #175/	10 C	ITY OR TOWN OF DE	ATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
5	10 13 16 O	SA	LISBURY		SALISBURY NURSIN	NG HOME	Bus. Contenton
4ND 212	filled in raid be	13a.	ALRESIDENCE (IF NUR STATE ANY 4 4 10	136. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 131. CITY OR TOW CHILCO SALISBUE	N 113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE SAJE MIL
MARYLAND			ATHER'S NAME		MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE . LAST
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ORE,	dicol [a]		WAS DECEASED EVER	R IN U.S. AF		RITY NO. 17 INFORMANT	ADDRESS
BALTIMORE			No		215-14-3	3520 MARION BA	RKIBY RIT, BOX46 SAIR, Md
ST., BĂLI	physicie an poper emaval.		18 CAUSE OF DEA PART I. DEATH V	WAS CAUSI	nly one cause per line for (a), (b), and ED BY: TE CAUSE (a)	7. 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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PRESTON	deotl atten ove c ation,		Conditions, if ony		(b) 100 16	retinal of	Truetion
` ≥	by the case removed or other tr		gave rise to im cause (a), stati underlying cous	ing the	DUE TO, OR AS A CONSEQUE	ENCE OF	
RDS, 201	equires n signed Then ple r to buric injury, a	NO	PART 2 OTHER SIG	INIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110
VITAL RECORDS	he taw ra on. has bee t permit. ene prior	CERTIFICATION	190 DATE OF OPERA	ATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF YES, WERE FIND INGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
VITA	N. T hysici ronsi Hygi	CER	210. ACCIDENT WAS UN	DERLYING [216. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

TIFIC	The Date of Control			YES NO	IN CERTIFYING CAUSES OF I
CAL CERT	71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21s. HOW INJURY OCCURRED	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
MEDI	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	NN COUNTY

NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated the body after death.

775 SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF

22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS WILLIAM ROBINS, M.D.

50, CIVIC AVE, & RT. SALISBURY, MD.21801

a. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION		
Busial	11/17/87	GREEN ARCES	SulidaLizy	Wic.	MI.

24 FUNERAL DIRECTOR

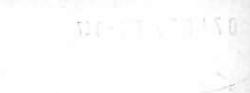
WEST Rd SAlis. Wd

250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE DEC 0 3 1987

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR

ZELLER FUNERAL HOME, SALISBURY, MD

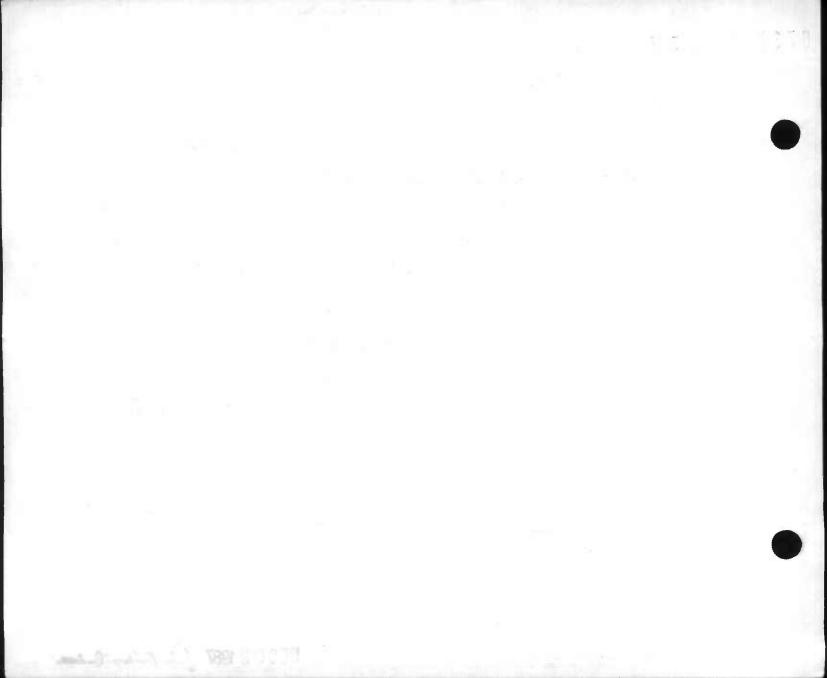
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STATE OF MARYLAND

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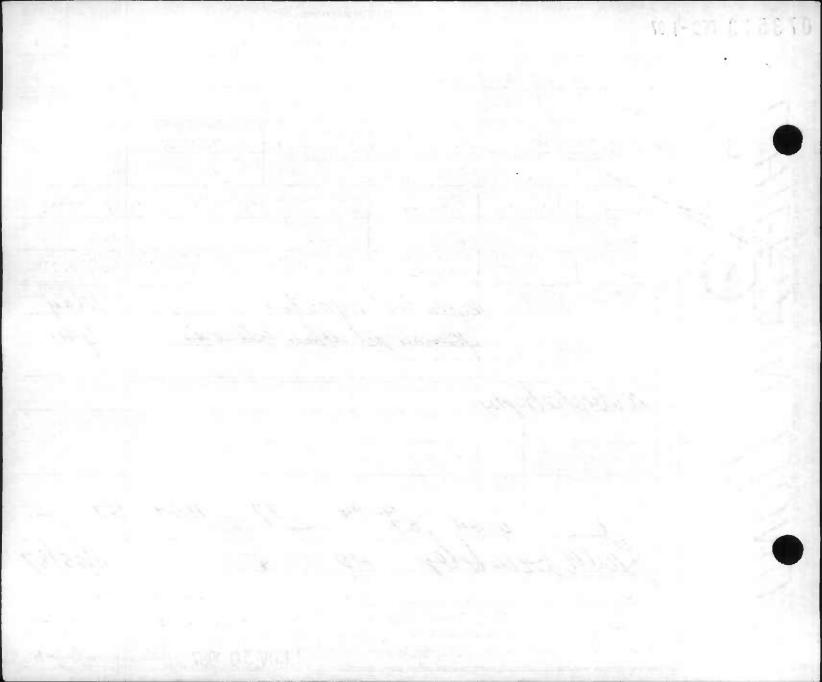
STATE OF MARYLAND

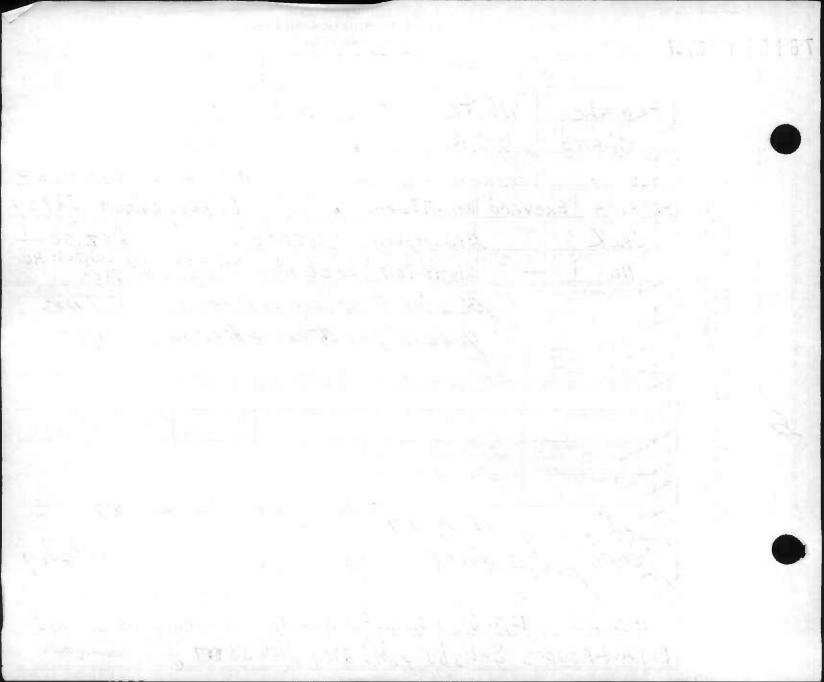
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AND 2		aryland	Wicomi	co Salisbu		13d INSIDE CITY LIA YES NO [e STREET ADDRESS / 117 Pember	ton Drive	e 2	21801
IN THE TOTAL	14F	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAID	DEN NAME	MIDDLE		LAST	
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ST., BALT		PART I. DEATH WA	(Enter only one co S CAUSED BY. MMEDIATE CAUS	ouse per line for (a), (b),	dial	Wylard.	wi			773	ATE INTERVAL MET AND DEATH
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DS, 20'	Z	PART 2 OTHER SIGNI	FICANT CONDITI	IONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO TH	HE TERMIN	al disease or cond	ITION GIVEN IN	PART 110	
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1		BURIAL, CREMATION, R			Parson	emetery or crema		Salisbury,			
BP	74 F	UNERAL DIRECTOR				T-	25a DATE R	REC'D. BY REGISTRAR	Sh REGISTRAD'S	SIGNATU	DE JEGITA
DHMH - 16 60M 7/84	1.		uporal H	OMO P A ADDRE	alichury	Maryland	Lucia	C A ACCIONNANT	A		

DHMH - 16 60M 7/84 (VRA 15, 4)

Hollowdy Funeral Home, F.A., Suitsbury,

NOV 30 1987 Julia Deviden Rondalla





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DHMH - 16 60M 7/84

(VRA 15, 4)

	FOR 1 - STATE - SREUSTRAR	DEP	ARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	FIENE REGINO	7 1 5 7
4 moy be or, page 3 ifter death	1. DECEASED NAME (TYPE OR PRINT) PRS1 MG D 3. SEX	1. RACE	Be 5. DATE C MONTH			STATE OF THE STATE
rs after death Page 4 by the function director, lied within 72 hour after model to ex-	Female No. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland 10. CITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUN USA 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE	MARRIE WIDOWE JRSING HOME C		YRS. 9 BALTIMORE CITY OR COUNTY WICOMICO 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	MD.
24 hour	Salisbury DAL RESIDENCE (IF NURSING HOME OF THE STATE IS A COUMARY LAND WICE	River Walk Ma	anor Nur BEFORE ADMISSION) TOWN	13d INSIDE CITY LIMITS?	Nursery Worker 13e STREET ADDRESS / ZIP CODE Powellville, Man	Nursery(Plants)
mple:	14 FATHER'S NAME FIRST Levin 16a WAS DECEASED EVER IN U.S. AF			Annie IT INFORMANT	ME MIDDLE 402 WPREColles	Jarvis ge Ave.
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R ATTENDING hospital ar o RECTOR Afre hed far use as ept. of Health tem 21 is mark	22a.1 certify that (I) (this hosp	of view the body after death		nd that ir (my) aur) apinion DEGREE	deoth accurred on the date and have	22c. DATE SIGNED
HOSPITAL C	Dr. John G. Bu	ORPRINT) Alkeley, MD	my	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN Blvd. & Pine Blu	Salisbury, Muff Rd. 21801
BP	230 BURIAL, CREMATION, REMOVAL BURIAL		Powellv	EMETERY OR CREMATORY	23d LOCATION	county State
OHMH - 16 60M 7/84 (VRA 15, 4)	W. Kirk Burbage	Berlin,	DESS		AN 4 1988	m lange and all the

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DEL ASED NAME 2a. DATE KNOWN (TYPE OR PRINT) DEATH MATED 10 87 120,0 Bishop Bernard DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 54 YRS. PRONOLINCED 13 , 87 13 4.5 Male White DEAD 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Stockton, Maryland

10. CITY OR TOWN OF DEATH U.S.A. Wicomico DIVORCED IX 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION POR MOST OF WORKING LIFE)
Disabled OR INDUSTRY Riverside Salisbury Maryland 13e STREET ADDRESS 119 Liberty Way Fruitland 134 INCIDE CITA LIMITES Wicomico 21826 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME James George Bishop Juanita Hall 17 INFORMANT Mrs. Pennŷ Sfalnaker (Daughter) 414 South Oldhan St., Baltimore, Md. 21224 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 213-30-0388 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH Arteriosclerotic Heart Disease vears EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITS PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALC FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PRETER DEFAIT, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYDE BARTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOV DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 101 Chronic Obstructive Pulmonary Disease 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔲 NOX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK Inspection X 220 I certify that I taak charge of the remains described above, held an Autapsy Notural couses X Homicide _______ death resulted fram: Accident Undetermined monner TITLE (SPECIFY) 12-13-87 John T. Bulkeley, M.D. Salisbury, Maryland 23¢ NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION REMOVAL 23h DATE

07/84

DHMH - 17 (VR A15 ME (5))

Burial 12/16/1987 Springhill Memory Gardens 24 FUNERAL DIRECTOR

23d. LOCATION

Hebron, Wicomico, Maryland

Holloway Funeral Home, April A., Salisbury, Maryland UEC 17 1087

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				EASED NAME FIRST	WIDDLE	D LAST		20 DATE OF DEATH	MONTH DAY YEAR	R 2b HOUR
	page 3		(ITP)	ORPRINT)	s J.	DISHOP	<i>f</i>	NOVEMBOX	211,1981	7 5-40 PM
	you	i i	3 SE		1 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT		
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-3	悟 中。	100	1	ty or town of death . Lisbury	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Peninsula Ger	STREET ADDRESS)		12a USUAL OCCUPATION OF MOST O		D OF BUSINESS OR
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¥.	uteo me	75	160 \	VAS DECEASED EVERVIN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO. 17 NE	ORMANI	ADDRE	Steven	san
BALTIMORE, MARYLAND	be exe	E			e war or dates)	1.1122 Bn	rbara I	Davis 709-9	HSt foca	make Md
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O	G PHYSIC offending fer this cer		MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LO	CATION	CITY OR TO	OUNTY COUNTY	STATE
VISI	G Pl	olth and M morked ar	Σ	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY O	FFICE FARM ETC }	SINCE	CIII Ox 10		31012
	or oth	leoth s mos		22a. certify that (1) (this hospi	tal) attended the deceased f	rom	19 6		110 19 87	, that (1) (we) last
	aspital aspital	of He 21 is		saw the deceased alive an	1) view the body after death.	19.57 , and that in	n (my) (aur) apınıan	death occurred an the do	ote and hour and fram	the causes stated
	C C C	Dept Hem		77L SIGNATURE	r) view the body after death.	DEGREE			22401	ATE SIGNED
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	DHMH - 16	60M 7/84	24 F	INERAL DIRECTOR	/ / 404	REA AI	25a DA1	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	VATURE
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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
CERTIFICATE OF DEATH	

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277	STATE FEGISTRAR		CERTIFICATE OF DEATH	RÉG. NO.	7100					
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR					
1,,,,,	Lena		BISHOP	Nov. 20, 198	6:30 PM					
3. SE	(4. RACE	5. DATE OF BIRTH MONTH DAY YEA	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.					
I	Female	Black.	08 - 08 9 15		MONTH DATE TO THE TANKS					
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUNTY	OFDEATH					
	Va.	USA	WIDOWED DIVORCE		MD					
10. CI	TY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTIO	N 120 USUAL OCCUPATION	17h KIND OF BUSINESS OR					
G.	lisbury	Deer's Head C		Type of work for most of working Li	INDUSTRY Oultry					
USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEI	ORE ADMISSION)		Gara					
	Va. IACC		urch YES NO 5		Stidel					
-	THER'S NAME	mack hen on	15 MOTHER'S MAID		<u></u>					
1	FIRST	middle LAST	Mar	ry Broughton	LAST					
lán V	VAS DECEASED EVER IN U.S. AI			ADDRESS						
	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 229-09		Bishop-Bx. 38- 1	Jow Chunch Vo					
				DIBIOD-DX. 30- 1	ADDDOVIN ATE INTERVAL					
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	BETWEEN ONSET AND DEATH								
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Malignant Cache X14									
	Conditions, if any, which (b) CAUCES OF Colon with metastasis									
	Conditions, if any, which gave rise to immediate									
	cause (a), stating the									
	underlying couse last. (c)									
1,	PART 2 OTHER SIGNIFICANT	VEN IN PART 110								
CERTIFICATION	MCVD, C	1a CV4 with	(K) Wenu plegie	g graveles Ma	ellifes					
N	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?					
				9	S NO					
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		DAY YEAR 216. HOW INJURY C	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)					
18	(IF EITHER, NOTIFY MEDICAL EXAMINE	AIR	19							
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFI	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
>	WHILE NOT WHILE AT WORK									
1 -	22a.1 certify that (1) (this hospital) attended the deceased from									
	sow the deceased alive or	n	ond that in (my) (aur) a	pinion death accurred on the date and how	ur and from the causes stated					
	above, (I) (we) (did) (did not) view the body after death. 27b. SIGNATURE DEGREE 22c DATE SIGNED									
	My ATTENDING MEDICAL STAFF 11.20-8									
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS							
	M. Shrestha	. M.D.	Deer's He	ead Center; Salisbu	ry, Md. 21801					
23a E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMA	TORY 234 LOCATION						
-	(SPECIFY) Burial	11-28-87	Mt. Sinai	Pocomoke, Wo	orcester.Md.					
24 FI	UNERAL DIRECTOR			a DATE REC'D BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE					
K	outh E. M. wh	Cellon - ACCO	mun U1,2730/	110V 25 198/ Julia	Divideon. Randall					

Keith E. M. Whaton - Accomac, U. 27301

there is the register and at his before the

WILLIAM TO WILLIAM TO VOS

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate

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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL H

IYGIENI		100	ė-	, -	7 1	J- 0.	, 7
	3	REG. N	10 °) ?	-	C)	ni.
20	DATE O	FDEATH	MONTH	DAY	YEAR	2b	HOUR

			1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	3	1	0 4
3	- OFC	-3		EASED NAME FIRST Rhoda	Mae	DLE	13	10.0.0	20 DATE OF DEATH	hen 3	0 1987	26 HOUR
5	deo		3. SE)		4 RACE		5 DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTI		UNDER I YEAR	IF UNDER 24 HRS
	100	-		Female	White		2 MONTH	5 1926	61	YRS	INTHS DAYS	HOURS MIN.
	13	9/		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	IAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OF		F DEATH	
0		5		Märyland	U.S.A.		WIDOWE	D DIVORCED	Wicomico			MD.
1	21 (20		TY OR TOWN OF DEATH		SPITAL, NURSIN ACILITY, GIVE STREET		R OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	F BUSINESS OR
	2 E	<u></u>		lisbury	Peninsula				Bus Contra			c School
51 47	filled in	5	13a S	RESIDENCE (IF NURSING HOME OF TATE 136 COL	NTY III	arsonsbi	N I	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / Longrid	zıp cobe ^R ge Rd.	$\frac{1}{2}$	ox 33
	7.2	-	II FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		IAS	7 8
1	100	1		Lawrence E		ilghman		Mary	н.		Perdue	
	/劉/	1	160 W	AS DECEASED EVER IN U.S. A	RMED FORCES? 16	b SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRES	SS		
	3.87	£1,		ES, NO OR UNKNOWN) (1F YES, G	2	18-20-49	989	Drew Blagus	Longridge R	d. Par	sonsbu	rg, MD
IIICOLE	physicic npoper movol.	event, th		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		arviron	1	heck due to	aente an	m loke	BETWEEN	MATE INTERVAL DINSET AND DEATH
Cer	ding orbo	ofic e		IMMED I		S A CONSEQUE	NCE OF					
deor	otten ove c tion,	Ĕ .		Conditions, if any, which		youting	my	nymi.				
not the	by the ose remo	other tr		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR A	SA CONSEQUE	NCE OF					
eduires	Then ple	יין ייון ייו	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVE	V IN PART 1:0	
on.	hos bee permit. ene prior	Swe only	CERTIFICATION	19a DATE OF OPERATION	196 CONDITK	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN ING CAUSES	
physicie	ol-tronsit	al B sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D OF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M.	MONTH DA	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	et i OR PART 2)	
Hending	the buri	ed or Ite	MEDICAL	21d INJURY OCCURRED	21e PLACE OF	INJURY FACTORY OFFICE, F		211 LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
2 0	Afte e os olth	r o E		22a.1 certify that (1) (this has	oital) attended the	leceased from		rum 10 56	10 11/3	70 19	987_	that (I) (we) last
2 0	or us	21 15		saw the deceased alive a	n	34 19 8	. or	nd that in (my) (our) apinion o	death occurred on the da			
he hosp	DIREC oched f Dept.	If Hem		obove, (I) (we) (did) (did r	both view the body of	er death.	~	DEGREE ATTENDING _	MEDICAL STAF		22c. DATE	SIGNED
by t	ERAL e det Stote	Ž 🕇		226 PHYSICIAN'S NAME (TYPE	OR PRINT)	3 101		PHYSICIAN A	DIRECTOR PHYSIC	IAN [
etoined	should b	MPORTANT		Joseph Badro					D 0 :	,		
9	Shoul shoul	₹	23a F	URIAL, CREMATION, REMOVA		123r N	NAME OF C	EMETERY OR CREMATORY	re Dr. Salis	shury,	Maryl	and
BP				Burial	12-4-1			o Mem. Park	Salisbui	y Wi	COUNTY	MD
		_	24 EI	INERAL DIRECTOR	1			ZSa DAT	F PECID BY REGISTRAR	-	AD'C CICNIAT	LIDE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BAKER AND BOUNDS

SALPSBURY, MARYLAND

DEC 0 2 1987 Atia Diridon Pendies

THE STATE OF THE PARTY OF THE P

	STATE OF MARYI
FOR	DEPARTMENT OF HEALTH AND

LAND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	. 3	. 3	0 0
Ц		EASED NAME	FIRST	A	AIDDLE	t.	AST	20. DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR
	() I F C	OR ERINI)	JACK	MOL	JDY E	BOLTZ	, SR.	NOVEMBER	27, 1	987	6:30 pm
	3 SEX			4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
	1	Male		White		O1	09 1922 YEAR	65	YRS	DAI'S	MIN.
		THPLACE (STA	ATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY	8.	D NEVER MARRIED	9 BALTIMORE CITY O	-	OF DEATH	
1			Pennsylvo	inia U.	S.A.	WIDOWE		MICOMICO)		MD.
Ħ		Y OR TOWN O					OR OTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND O	F BUSINESS OR
1	-4	ALISBUF			ula Genei	ral Me	dical Center	Route Sale	sman	(E) INDUSTRY	ead
1	130, S	TATE aryland	13b, COUN		Salisbur	VN	13d. INSIDE CITY LIMITS?	403 Grove	ZIP CODE	21801	3 - 9 10
7	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		IAS	ī
G	F	Philip	Edw		Boltz, Si	r.	Bertha			oudy	
			EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT Mr.	Jack Boltz, J n, Salisbury,	r, (So	plant	
		NO OR UNKNOV		e minor parto,	183-16-	4927	322 S. Have	n, Salisbury,	Mď.	21801	-
		18 CAUSE OF	DEATH (Enter on	ly one couse per	line for (a), (b), a	nd (c).)				APPROXI BETWEEN	MATE INTERVAL
		PART I. DEA	TH WAS CAUSE	D BY: E CAUSE (0)	Reggira	to- 4	Insuffic	iency		12	days
					R AS A CONSEQU	IENCE OF		/			
		Conditions, if		((b)_	Cere 6	rovas	swlar Ac	cident		12	days
		gove rise to		DUE TO, OI	R AS A CONSEQU	JENCE OF					
		underlying	couse lost.	(c)							
	-	PART 2. OTHER	R SIGNIFICANT (_	NOT RELATED TO THE TERM	7	OITION GIV	EN IN PART 10	0 '
_	CERTIFICATION	Chro.		anolis.	n with	Abst	N WAS PERFORMED	drone E		Gral .	Atrophy
1	ICA	190 DATE OF O	PERATION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDING CAUSES	
	RTIF							YES NO	YE		NO 🗌
	C		G CAUSE OF DEA		finjury M. Month [AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 F	PART 1 OR PART 2)	
	MEDICAL	(IF EITHER, NOTIL	FY MEDICAL EXAMINES	P.		19					
Ħ	MED	21d. INJURY OF		(AT HOME, STE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TO	٧N	COUNTY	STATE
		AT WORK	NOT WHILE AT WORK								
٦				7	e deceased from		NOJ. 19 8-	, 10	2		that (I) (we) last
ď	10	obove, (I)	eceased alive an (we) (did) (did n a		ofter death.		nd that in (my) (our) apinion	death accurred on the do	ite and hou		
		226. SIGNATUE	RE	,20	/ :		DEGREE ATTENDING.	MEDICAL STAF	E	22c. DATE	
			1- 2	-	1-		PHYSICIAN X	DIRECTOR PHYSIC	IAN 🗌	11/2	27/1987
		6	Y'S NAME (TYPE C	/			22e ADDRESS	11.0.			1.01003
			es E. Mai					oll Street, Sal	isbury	, Maryl	and 21801
			TION, REMOVAL				EMETERY OR CREMATORY SILL Memory Go	23d. LOCATION	n W:	CÓMICO	Maryland
		SPECIFY) Bui	i idi	12/01	/1/0/	phr mgr	illi Mellioty Go	irdens Henro	11, 111	COMMICO,	and your d

should be detached for unwith the State Dept. of H IMPORTANT: If them 211:

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici

DHMH - 16 60M 7/84 (VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Maryland 250. DATE RECD BY REGISTRY

1881 3 1 430

FOR

Hastings 17 INFORMANT Ms. Rhonda Bounds (Daughter) 218 Rte #5 Box 474 Old Quantico Rd., Salisbury, Md. 2 1801 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISSASE OR CONDITION GIVEN IN PART 1:11 WERE FINDINGS USED IN CERTIFFING CAUSES OF DEATH? NO IT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) COUNTY STATE and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 221. DATE SIGNE PHYSICIAN [230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Wicomico Memorial Pk Salisbury, Wicomico, Maryland TRARES REGISTRAR'S SIGNO 24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Sollisbury, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b HOUR

17b. KIND OF BUSINESS OR

21801

IF UNDER 1 YEAR

INDUSTRY

DHMH - 16 50M 1/81 (VRA 15, 4)

072412 NOV 1	9 87 1 - STAYE	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	GIENE	7 1 5 5
	REGISTRAR 1. DECEASED NAME FIRST	WIDDLE	Bowen, Jr.	REG. NO. 20	AY YEAR 2b. HOUR
noy be	Willia		130WEN	NOVEMBER 1.	5,1987 05494
ge 4 ma ector, po	Male Male	4 RACE White	5. DATE OF BIRTH MONTH 09 26 1919	6. AGE (IN YEARS LAST BIRTHDAY) M YRS	FUNDER 1 YEAR IF UNDER 24 HRS
eeth Po	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Fairport, Virginia	76 CITIZEN OF WHAT COUN	TRY? I. MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUNTY WICOMICO	OF DEATH MD
	10 CITY OR TOWN OF DEATH Salisbury		URSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Retired -Officer	126 KIND OF BUSINESS OR INDUSTRY, Merchant-Marine
21 20 ND 2120	USUAL RESIDENCE (# NURSING HOME 130. STATE 13b. CO Maryland V	UNTY 13c CITY QR		134. STREET ADDRESS 328 Glen Avenue	21801 Apt. 102
MARYLA mg within mg 2 Z kl	14. FATHER'S NAME William	E. Bo	wen, Sr. Mother's Malden NA	MIDDLE	Loder
IMORE,	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166. SOCIAL	SECURITY NO. 17. INFORMANT Mrs. 22-0765 Same as #	Haze! Bowen (Wife)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours, pital or attending physician. TOR: After this certificate has been signed by the ottending physician and commoditely lifted to for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 and 4 Health and Mental Hygiene prior to burial, cremation, or removal. 21 is marked or them 18 skidts any injury, or other traumotic event, the mindical commodities.	Conditions, if any, which gove rise to immediate cause (a1, stating the underlying cause last. PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONS (b) 10-12 DUE TO, OR AS A CONS (c) SWELL T CONDITIONS CONTRIBUTION (ph. CONDITION FOR W CALL GOTH DEATH P.M. 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c PLACE OF INJURY (AT HOME, STREET, FACTORY, O	GEQUENCE OF SEQUENCE OF SEQUENCE OF CONTROL SEQUENCE OF CONTROL SEQUENCE OF CONTROL SEQUENCE OF SEQUENCE OF CONTROL SEQUENCE OF SEQUENCE	WINAL DISEASE OR CONDITION GIVE AND JOSS SELECT 100 AUTOPSY? 100 AUTOPSY? 100 FIN CERTIFY YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PA	WERE FINDINGS USED VING CAUSES OF DEATH? NO NO COUNTY STATE
O HOSPITAL OR ATT O HOSPITAL OR ATT TO FUNERAL DIRECTS should be detached to with the State Dept. of	above, (I) (we) (did) (did) (22b. SIGNATURE 22d. PHYSICIAN'S NAME (TV. William P. So	nat) vigor the bady after death. The OPPRINT!	DEGREE ATTENDING PHYSICIAN A 270 ADDRESS 1300 S. Div	MEDICAL STAFF DIRECTOR PHYSICIAN vision St., Salisbury	11/15/1987
₽P	230 BURIAL, CREMATION, REMOV	23b. DATE 11/18/1987	23c NAME OF CEMETERY OR CREMATORY Roseland Cemetery	Reedville	COUNTY Virginia
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256. REGISTE	RAR'S SIGNATURE

7 X80 11 YOM

STATE OF MARYLAND

075066 DE		REGISTRAR				CERTIF	CATE OF	MENTAL HYG	I REG. NO		7 !	0 0
oge 3		CEASED NAME OR PRINT)	MARC		D. BOZ	ZMAN	SI		2a. DATE OF DEATH	12-9-		26 HOUR 9:55A
4 may tor. po after d	3. SE	emale	4	RACE White	0	5 DATE O	F BIRTH	1910	6. AGE (IN YEARS LAST BIR	AAI	ONTHS DAYS	
Poge		RTHPLACE (STATE OR FO	DESCRIPTION TO		WHAT COUNT	DV2 8	03	1710	9 BALTIMORE CITY O	P COUNTY	OF DEATH	
Genth. P	Se	alisbury, Ma	ryland	U.S.	Α.	MARRIED	* 0	MARRIED	WICOMICO	COUNT	ĽΥ	MD
s after o	SA	TY OR TOWN OF DEA	5	SALISBU	RY NURS	SING HOM		STITUTION	170 USUAL OCCUPATION OF COMMON TO Housewife	ON IF WORKING LIFE	12b. KIND (INDUSTRY	OF BUSINESS OR
A hour	13a. S	aryland	13b COUNT	THER INSTITUTION	GIVE RESIDENCE B 13c. CITY OR T Salisb	TOWN 1	YES	CITY LIMITS?	13e.STREET ADDRESS A	zip code an Driv	ve 218	301
1.30	14. F	THER'S NAME FIRST	44	IDDIE	LAST			'S MAIDEN NA	ME		1.0	AST
Les de		Marion		ilopti.	Dorm	an	Pe				Elliot	
de oth certificate be executed marktrand 21.20 doubt certificate be executed militarian by smare carbon papers. Pages and a thought be fill motion, or removal.		VAS DECEASED EVER I		NED FORCES? WAR OR DATES)	166 SOCIAL S 222-1	2-8159	17 INFORM	yman D	Donald E. Bo Tive, Salisbu	ss ozman ry, Md	(Son) 2180	1
Atte b		18. CAUSE OF DEATH	(Enter only	y ane cause per	r line far (a), (b), and (c).)					APPRO: BETWEEN	XIMATE INTERVAL
phy npoy mov vent		PART I. DEATH WA	AS CAUSED	BY: CAUSE (a)			ME.	NAL	FAICURE	=		
signed by the her please reference to the please reference to the purply, or other please reference to the purply, or other please reference to the purply or other pleases.	NO	Canditians, if any, gove rise to imm couse (o), stating underlying cause PART 2. OTHER SIGN	ediote 3 the lost.	(c)_	R A'S A CONSE	QUENCE OF	(SION		MINAL DISEASE OR CON	DITION GIVE	N IN PART 1	la
he law re on. hos been t permit. I iene prior	CERTIFICATION	198 DATE OF OPERAT	ION	196. COND	ITION FOR WH	HICH OPERATION	N WAS PERF	ORMED	20a AUTOPSY? YES NO			INGS USED S OF DEATH?
ING PHYSICIAN: The law right retails a strength of the physician. After this certificate has been as the burial-transit permit, the and Mental Hygiene prior arked or Item 18 shows any arked or Item 18 shows any		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION OF THE	AUSE OF DEAT		DF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW I	njury occur	RED (ENTER NATURE OF INJU	RY IN ITEM IB PA	RT I OR PART 2)	
IG PHYS offer this of the bund Me	MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	LE 🗍	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC)	211 LOCAT STRE	ION	CITY OR TO	WN	COUNTY	STATE
ATTENDING sspital or att CCTOR. After d for use as th i. of Health or n 21 is marke		220.1 certify that (1) sow the decease above, (1) (we) (d	d alive on_	12/8	P1	13	d that in (my	, 19	death accurred an the d	ate and hour	and from the	, that (I) (we) last e causes stated
OR e ho		27h SIGNATURE	fle				DEGREE		MEDICAL STA	FF CIAN X		E SIGNED 10/1987
TO HOSPITAL retained by the TO FUNERAL should be deficable the Mith the Stote		WILLIAM R	OBINS					50 & CI	VIC AVE, SAI	LISBUR	Y, MD.	21801
BP		BURIAL, CREMATION, I ISPECI <mark>BURIA</mark>	REMOVAL	12/12,	/1987	Wicomic	o Men	norial Pa	23d LOCATION CITY Salisbu	ry, Wi	comic	o,Maryllan
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR Holloway Fu	neral	Home,	P.A., -S	alisbury,	Maryl	and OEC	1 4 1987	25b. REGISTE	AR'S SIGNA	andels.

1-3-1988

Delmar, Delaware 19940

9. BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Railroad 300 E. Elizabeth St. 21875 LAST (same as above) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES |

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

St. Stephens Cem.

Delmar

JAN

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

26 HOUR

NO [

STATE

COUNTY

Sussex Delaware

22c DATE SIGNED 30

828

DHMH - 16 50M 1/Bi (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

Short Funeral Home

077545 JAN

FOR



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BP DHMH - 16 60M 7/B4 (VRA 15. 4)

FOR

- STATE

073022 NOV

BY REGISTRAR 250 REGISTRAR

YES [

COUNTY

22c DATE SIGNED

YEAR

IF UNDER 1 YEAR

INDUSTRY:

YRS

2b HOUR

32

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO [

STATE

IF UNDER 24 HRS

112 11 219

FOR

- STATE

DHMH - 16 50M 1/B1

(VRA 15, 4)

REGISTRAR

CITY EMP 21801 DEERS HEAD HOSP LAST ODEN 3531 NW 208 TERR. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 23e BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN STATE (SPECIFY) BURTA MARK DE MONTHING TO GARDEDE PARIZS REGIS 24 FUNERAL DIRECTOR ADDRESS ALLU U U IUG

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

12h KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

YRS

ALE DE LOS TONIONOS

076289

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certificate be

deoth

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

attending physician.

retained by the hospital or

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

10 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carban papers. Pewith the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

Min the store creek.

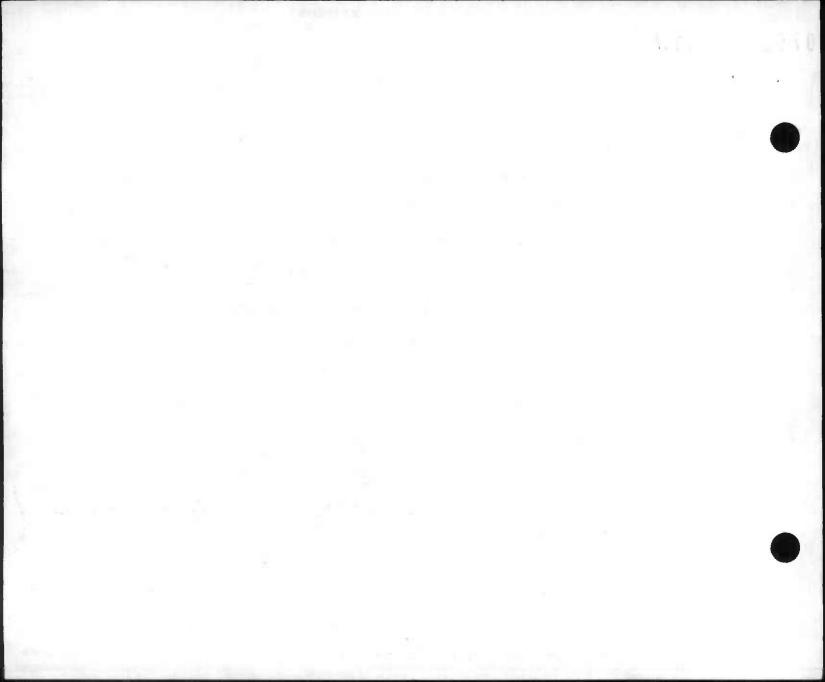
injury, ar ather traumatic event, the

filled in by the funeral director, page 3 oord be filled within 72 hours offer death

STATE		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	87	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYGICATE OF DEATH	REG. N	0. 3 7	7	10
		CR PRINT)	V L	B	ROW	Four	20. DATE OF DEATH	12 20	YEAR SY	26. HOUR 2:08AM
ı	3. SEX	Nale	White		5. DATE C	29 1927	6. AGE (IN YEARS LAST BIR		UNDER TYEAR	HOURS MIN.
1	S	RTHPLACE (STATE OF FOREIGN OUNTRY) Maryland	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D Never Married	BALTIMORE CITY O		FDEATH	MD.
	10. CI1	TY OR TOWN OF DEATH	11, NAME OF H	OSPITAL, NURSIN H FACILITY, GIVE STREET A 1a Genera	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Delmarva l	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR
	USUA 13a. S	AL RESIDENCE (IF NURSING HOME			ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
1))	THER'S NAME FIRST James W	ashington	Brown	า	15. MOTHER'S MAIDEN NAM	Mae		Givan	
-		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) Yes (IF YES, O	IVE WAR OR DATES)	166. SOCIAL SECU 220-12-0		17. INFORMANT Mrs. E Same as #	Betty L. Brown 13e	wn (Wife		
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per SED BY: ATE CAUSE (o)	line for (a), (b), and	of Par	MONARY	ARREST		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OF	RAS A CONSEQUE CTB RAS A CONSEQUE 90871C	LEE NCE OF	PINC EURYSM	ASCUD.			
	CERTIFICATION	PART 2 OTHER SIGNIFICANT RENAL D 190 DATE OF OPERATION	ISEASE) A50	wo.	1		DITION GIVEN O NASCA 20b IF YES, V IN CERTIFYIN YES	VERE FINDIN	O C HF
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF BITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a 1 certify that LH (this has sow the deceased alive a above, M) (we) (did) (this	12-8	20 19	12	nd that in (my) (aur) apinian c	death occurred on the de	ote and hour a	nd from the	that ## (we) last causes stated
		226. SIGNATURE Dennis	of Cha	dne	Si		MEDICAL STA	FF CIAN [12/2 DATE	SIGNED 20/1987
/		Dennis J. Cho	dnicki, M.	D.		Locust & (Quincy Sts.,	Salisbur	y, Md	. 21801
	(3	urial, cremation, remova specify) Burial	12/23/1			emetery or crematory o Memorial Par		y, Wico	mico,	Maryland
		INERAL DIRECTOR Iolloway Funera	l Home, F	P.A., Salis	bury,	Md. 250 DATE	E REC'D. BY REGISTRAR			TURE

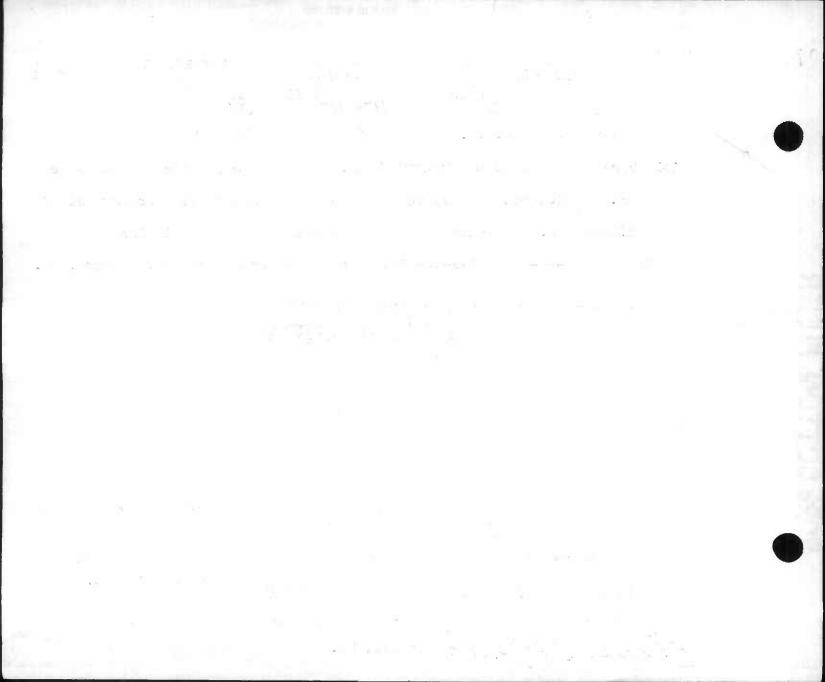


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	to to	1	5	3/5		ennsylva	nia	USA		WIDOW			7720011110					
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8.8	- 5		6	÷	1	18. CAUSE OF DE	ATH (Enter onl	y one couse p	per line for (a),		1 -					APPROXIMAT BETWEEN ONS	E INTERV	DEATH .
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3	2	8 2	1 1	67	1 =				V				YES T	40 D	YES 🗍		40 A	
2		9 4		8 7	1 👸	21a. ACCIDENT WAS	JNDERLYING		OF INJURY		21c HOW INJUR	RY OCCURRI	ED (ENTERNATUL	RE OF INJURY IN ITEM 1	IB PART I OI	RPART 2)		
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9	£	0 4	9 7	0 0		21d. INJURY OCCU			E OF INJURY	OFFICE FARM ETC)	21f LOCATION			LITY OR TOWN	CC	YINUC	51	ATE
DIVISION OF VIT	0	5 3	(数)	-	^	AT WORK AT NOT	WHILE							,				
0	É	8 4	3	E .	ı	220.1 certify that	(IV (this hospit	ol) ottended	the deceased	from	12	0 8 6	to	10/31	10 8	7 166	(w	e) lost
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4	4	g 7	15	E .	ı	above (II) was	(Bull-Inident)	view the so	dy after death.			, - ,		on the dote ond t				ieu
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	- 4	£ :	2	-	1		ha	4000	75		NO ALLE	NDING SICIAN A	MEDICAL	STAFF PHYSICIAN		10-31	- 8	7
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	H	2	-	2 1	23a	BURIAL, CREMATIO	N, REMOVAL	23b. DATE		23c. NAME OF	EMETERY OR CREA	MATORY	23d LOCATI					
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					-	UNERAL DIRECTOR		<u> </u>	J.	1 2 2 1 1 2 (, ondic			SISTRAR 256 REG				20
11				M 7/84		NAME			ADD	DRESS			1.4.6		- INAN 3	J.JINATORI	-	
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STATE OF MARYLAND



720	20 000		FOR			STATE OF MARYLAND OF HEALTH AND MENTA	L HYGIENE		
130	26 NOV 2	34	ATE GISTRAR	N	EDICAL EXAM	AINER'S CERTIFICATE	OF DEATH/	REGUIO. 7	1 3
X	교육전쟁단		CEASED NAME FIRST EOR PRINT)	ward	Lee	Burks	20 DATE KNO OF ES DEATH MA	TI- 11 0	1- 87 25 HOU
	PRY, PLEA DIRECTIC SUR FILE N STREE	1.5E)	4 RACE BIK	5. DATE OF BIR		(IN YEARS IF UNDER 1 YR. IF UNISHRIHDAY) MONTHS DAYS HOURS	DER 24 HRS. 2c DATE PRONOUNCED DEAD	, 11–21	87 8:50
	A SHEET STATES OF THE STATES O		RTHPLACE ISTATE OR REIGN COUNTRY)	76. CITIZEN OF		8. MARRIED NEVER MA	ARRIED	city or county	
7	STEE STEE STEE STEE STEE STEE STEE STEE	D. CI	TY OR TOWN OF DEATH Salisbury		OSPITAL, NURSING HACILITY, GIVE STREET ADD.	HOME, OR OTHER INSTITUTION RESSI	12a. USUAL OCCUPATION FOR MOST OF WORKING	ON (TYPE OF WORK 12h	
21201	ANY DE MAD 3 TO METAIN COURS C	13a S	4 4 4	AE OR OTHER INSTITUTION UNITY COMICO	13 CITY OR TO	DMISSION) NN 13d INSIDE CITY LIMITS OF THE PROPERTY OF THE PRO	37 13e STREET ADDRESS	2 IN NOD	Ave. 21801
E. MD.	E 100 7	14, 64	THER'S NAME	MIDDLE	Rueks	IS. MOTHER'S MA		MINEC 1	LAST
LTIMOR	ATTO A CONTRACT OF STREET			ARMED FORCES?	16b. SOCIAL SEC		BURKS BURKS	7 80×19	40
PRESTON ST., BJ	THIN 24 HOURS, 11 IN ITEM 18. G ER ALONG WITH UNSIT PERMIT, PA UL HYGIENE, DIV EMOVAL.	1	Conditions, if any, whi	SED BY: IATE CAUSE (a) DUE TO,		Soot Inhalation		UKOV, JO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DS. 201 W. I	GEUTED WI G" IN PENC AL EXAMIN BURIAL - TR AND MENT ATION, OR	-	gave rise to immedia cause (a) stating the <u>und</u> lying cause lost. PART 2 OTHER SIGNIFICANT CONDITION	DUE TO,	OR AS A CONSEQUER	NCE OF E TERMINAL DISEASE OR CONDITION GIVEN II	N PARI 1 (a)		
RECORDS	PENDIN F MEDIC ED AS A HEALTH	ATION	190. DATE OF OPERATION			OPERATION WAS PERFORMED?			20 AUTOPSY?
FVITA	MORD TE SHOUL	CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME	OF INJURY	11t HOW IN JURY OCCU	RRED (ENTER NATURE OF INJURY IN		YES 🔼 NO 🗆
SION OF	SHOULD PARIME	MEDICAL C	UNDERLYING OR CONTRIBUTING CAUSE C		M. MONTH PAY	$^{\text{YE}}_{9}$ 7 Victim of h			
DIV	WARDER VARDER VAREE PER 1912 P	ME	WHILE NOT WHILE AT WORK	T SHARET, A	ACTORY, FARM, ETC.)		e Avenúë, Säli		
•	AMINER: PEFFICATE D BE FOR BECTOR: UTH THE S		228 I certify that brook che death regulty of yours No	type of the remains of the courses ,	described abave, held Accident	Suicide , Hamicide	Undetermined manner	Maryland, ond in my opinion.	on
•	WEDICAL EX CUTE THE CE E. A SHOULD WINEFALD INDORE, MA		ACTUAL SIGNATURE	Suc	all &	M.D. Chief	MEDICAL EXAMINER		11-22-87
	PAGE PAGE AFTER BATTER	23o. B	EXAMINER'S NAME (TYPE OR PRINT) JRIAL, CREMATION, REMOVAL		nialek,M.D.	ADDRESS 111	Penn Street, B	altimore,	MD 21201
07/B4 25M	BP	74 71	SUR IAL	11-25-8	7 Sprin	64:11 memory	HEBROWN HEBROW TE REC'D. BY REGISTRAR 25	WICO,	MO,
	DHMH - 17 (VR A15 ME (5))		Jolley Memor	IAL CHAT	EL SAL	S BURY, MY, NO	V 24 1987	lia Devilor	Parkets.

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c 3	- STATE REGISTRAR		DEPARTI		ICATE OF DEATH	IENE REG. N	0. 3 7		7 4
	YPE OR PRINTS		ERINE		NETT	20 DATE OF DEATH	12 27	YEAR 87	26 HOUR 4:00I
3. 9	Female	White		5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY) IF UND	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
170.	BIRTHPLACE (STATE OR FORE COUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF D	EATH	
5 10.	CITY OR TOWN OF DEATH SALISBURY		HOSPITAL, NURSIN BURY NU		OR OTHER INSTITUTION HOME	120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSE Wife	OF WORKING LIFE) IN	b. KIND O IDUSTRY IWN H	F BUSINESS OF
	ual residence (# nursing State Maryland	HOME OR OTHER INSTITUTION, COUNTY WICOMICO	Salisbur	/N	13d INSIDE CITY LIMITS? YES NO 🔯	13e.STREET ADDRESS 229 Canal	ZIP CODE		
0	FATHER'S NAME FIRST S.	King	White	2	15. MOTHER'S MAIDENNA. Iris	ME MIDDLE	Т	ull	
160	(YES, NO OR UNKNOWN) (1	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	220-28-0		K.King Burne	P.O ^{ADD} tt, Salisb	δx 910 ury, Md.	2180	01
Tion	PART 2 OTHER SIGNIFIC	CANTICONDITIONS CO	Lung &	DEATH BUT	NOT RELATED TO THE TERM				
CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WER IN CERTIFYING YES	CAUSES	
MEDICAL CE	OR CONTRIBUTING TO CAUC	E OF DEATH HOUR A.	M. MONTH D. M.	AY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 ○	DR PART 2)	
WE	AT WORK AT WORK	(AT HOME, STE	EET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	27	OUNTY	STATE
	224 PHYSICIAN'S AVAILA	(did pot) view the body	76 198		22e ADDRESS	MEDICAL STAI	FF I	from the	SIGNED/
230	BURIAL, CREMATION, REA		23c. t		EMETERY OR CREMATORY Cemetery	23d LOCATION CITY OR TOWN	cou		STATE
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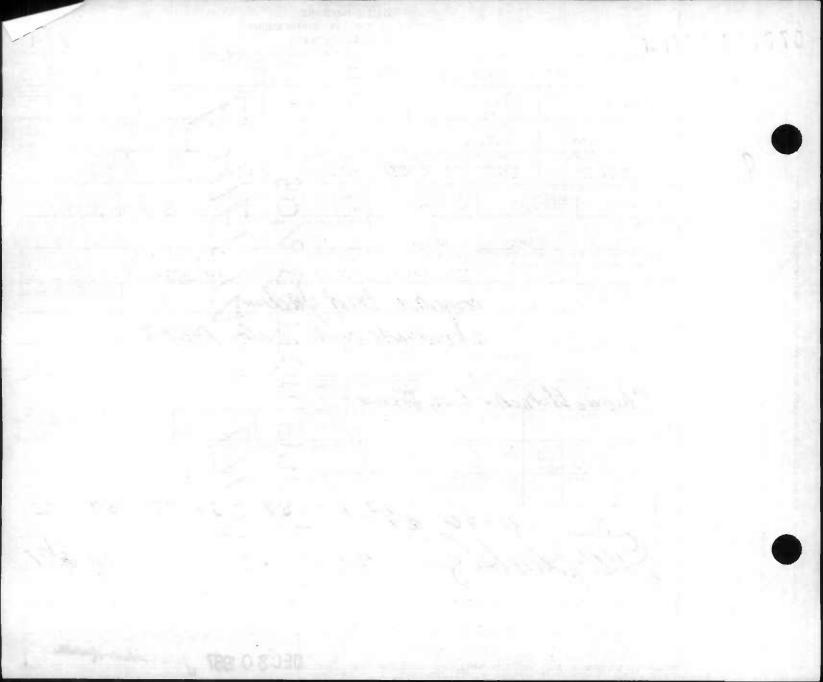
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Baker & Bounds

Salishury,Md

ADDRESS

and Landson-Randall



	1			STATE OF MARYLAND				
	1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE			1.
	1.	REGISTRAR		CERTIFICATE OF DEATH	REG. N	. 3 /	1 /	2
Y 23	V DEC	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2h	HOUR
-		OR PRINT)			I SAILE OF BEATT			
		HENRY FRA	NCIS CAUSEY			11-11-		
	3. SEX	(4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNI		INDER 24 HRS
		Male	White	09 13 1906	81	YRS.	13 DATS HO	JRS MIN.
0	7a. BI	RTHPLACE (STATE OR FOREIGN &	76 CITIZEN OF WHAT COUNTRY	2 8	BALTIMORE CITY C		DEATH	
		OUNTRY) .		MARRIED NEVER MARRIED				
		/11/9/1/1a	U.S.	WIDOWED DIVORCED	WICOMICO			MD.
7	10. C	TY OR YOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT		26. KIND OF BU	SINESS OR
70	SA	LISBURY	SALISBURY NURSI		Retired		4DOSTKI	
	, USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)				
32(13a. S	TATE	UNITY 136. CITY OR TO		13e STREET ADDRESS		+ 7	062
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300	14 FA	THER'S NAME	AMPDIE LAST	15. MOTHER'S MAIDEN NA	ME		LAST	
X		Arthur 1	11.	sevi Lida		/	Pilser	1
8/	16a. V	VAS DECEASED EVER IN U.S.		URITY NO. 17 INFORMANT	ADDR.	Sox Go		
media	- (YES, NOOR HINKNOWN) (IF YES, O	GIVE WAR OR DATES)	1079 C. +1 () 1 - KT3,6	10x 60	1 2180	~
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÷,		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (a), (b), o	nd (g.) \	1	-	APPROXIMATE BETWEEN GINSET	AND DEATH
- ver			TATE CAUSE (o) MAGES	The read da	Mure		HU	2
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umat.		Conditions, if ony, which		res affelis:	Elevo	0	qu	11
fro		gove rise to immediate	(b) 40 m	und of min				
her he		couse (o), stoting the	DUE TO, OR AS A CONSECU	JENCE OF				
r athe		underlying cause last	((c)					
ŝ		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IT	N PART 110	
5	O	penal &	ulive - Dial	eles Mellitus				
À /	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?		RE FINDINGS	
ows or	F	,			V56 []	IN CERTIFYING	G CAUSES OF D	DEATH?
è -	E		716. TIME OF INJURY	21, 40 14 14 17 5	YES NO	YES [0 🗌
or Item 18 shows	2	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		DAY YEAR 21c HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	ORPART 2)	
le l	M	(IF EITHER, NOTIFY MEDICAL EXAMI		19				
5 /	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	214/21	COUNTY	STATE
9	×	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) STREET	CITY OR TO	19914	CONTIT	SIMIE
Jor J		AT WORK AT WORK		9-11 8	7 11-	11	87 that	
5	1		spital) attended the deceased from	, 19	, to		. 11101	(11 (
121		way 11 deceased alive	not see the body after death.	ond that in (my) (our) opinion	deoth occurred on the d	ote and hour and	I from the cous	as stated
ter		MIN SIGNATURE	// ///	DEGREE			27c DATE SIGN	VED/
<u>+</u>		JOHNA	1041/210	ATTENDING PHYSICIAN	MEDICAL STA	FF CIANITI	11/13	187
Z-	1	124-PHYSICIAN'S NAME TH	COL MINIT	22e ADDRESS	PIKECIOK PHISH	-1017	11	-/
MPORTAN	1	1		ite. ADDRESS			/	
IMPORTA		EARL M. BEARI	OSLEY, M.D.	RT. 50 & CIV	IC AVE, SAL	ISBURY, I	MD. 218	01
_ ≤	23a.	BURIAL, CREMATION, REMOV	AL 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION			
		Bucial	11/14/87	St Andrews	OCHTY OR TOWN	Coo	UNITY	Mid
	24. F	UNERAL DIRECTOR	111/1/01	JT. HADREWS	TE REC'D. BY REGISTRAN	25b. REGISTRAR'S	SSIGNATION	1-101
50M 7/84		NAME	ADDRESS	844.	A COLOTRAD	238. REGISTRAR	3 3 IONATURE	
, 4)	1	James L. Hi	man Pr. Ho	ne Md 2185310V 2	0 1087	Kill	70.00	
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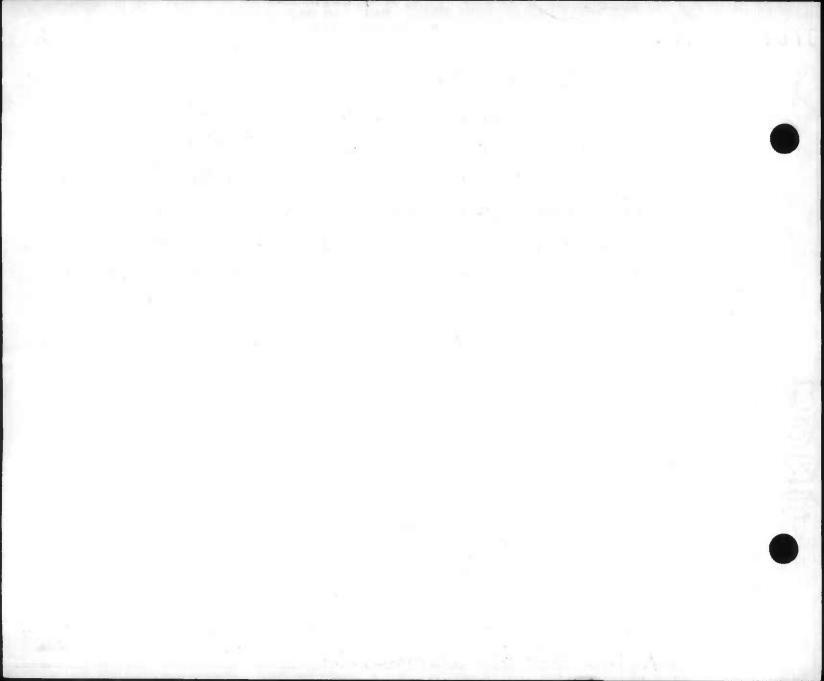
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Marie Committee and the State of the State o

STATE OF MARYLAND



	7 1 0			۱.	FOR STATE REGISTRAR			DEPARTN	ENT OF H		YLAND ND MENTAL HYG OF DEATH	IENE	vo. 🗳	7 1	77
) /	161	O G_ N	OV I	8,8	CEASED NAME OR PRINT)	FIRST		WIDDLE	1	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
	9 6	900		J. SE		lber	t 4. RACE	F.		OF BIRTH	<u> </u>	NOVEM	per	8 1987 IF UNDER 1 YEAR	0 10
		of the second	,	3. SE.	n. 10			4.	MONT	I DA	YEAR		KINDAT)	MONTHS DAYS	HOURS MIN.
	Puga.	1 1		70 BI	RTHPLACE STATE OR F	DREIGN	Whi	WHAT COUNTRY?	8	14,		51 9. BALTIMORE CITY	OR COUN		
	1	VE	34		rvland	ONE IO	USA		MARRIE		DIVORCED [Wicomico	<u> </u>		***
			ジス		TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSIN	G HOME			126 USUAL OCCUPA			OF BUSINESS OR
	- 6	110			lisbury		Peninsu	la Genera	al Ho	spita	1	Vice Pres:		Ban	
212	4 hou	E of P	35	130.5		13b. COUN		GIVE RESIDENCE BEFORE 136. CITY OR TOWN Salisbus	4			13e. STREET ADDRESS 605 Bowman		/ 218	207
MAIN	Tin 2	234	=	_	ryland THER'S NAME	MIC	OHITGO	Dalisbu	-y	YES 15 MOTH	NO T		1 DL.	/ 210	101
MAPYIAND	3	nd 2			Fred		WIDDLE	Cherris	r		Emily	WIDDLE	1	Bounds	ST
		nd con	0		VAS DECEASED EVER			166. SOCIAL SECU		17. INFO	- U	ADDI		Journas	
ALTIMOPE	ž .	Poge	теdico	(res, no or unknown) N O	I IF YES, GIV	VE WAR OR DATES)	214 34	5977	Jam	es A. Che	errix. Sal	isbur	y. Maryl	and.
W PDECTON CT B	of the deoth certifico	by the ottending physiciose remove corbon poperiol, cremotion, or removol.	other troumatic event, th		18 CAUSE OF DEATH W PART I. DEATH W Conditions, if ony, gove rise to imm cause (a), statin underlying couse	AS CAUSE IMMEDIA' which nediote g The	DUE TO, O	R AS A CONSEQUE	Sta NCE OF MATERIAL	tic ra	mela z Scal	in Clarks	Z	BETWEEN	RMATÉ INTÉRVAL ONSET AND DÉATH
AC 20	vires	signed ten ple buris	ury, o	NO	PART 2 OTHER SIGN	HFICANT (CONDITIONS <u>C</u>	ONTRIBUTING TO E	EATH BUT	NOT RELA	TED TO THE TERM	INAL DISEASE OR CO	NDITION C	GIVEN IN PART 1	a ·
TO SOURCE VITAL BECORDS 301	The far- te	hot been	2	CERTIFICATIO	19a DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIC	n was pe	RFORMED	20a AUTOPSY?	IN CER	YES, WERE FINDS TIFYING CAUSES YES [INGS USED S OF DEATH?
TIV AC I	SICIAN	certificate professionals ental Hyg	9	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEA	HOUR A.	M. MONTH DA M.	Y YEAR			RED (ENTER NATURE OF IN.	IURY IN ITEM I	8 PART I OR PART 2)	
CISIVIA	HA DA	the the	owed of	MED	21d INJURY OCCURE	ILE		REET, FACTORY, OFFICE F	ARM ETC)	211 LOC	ATION	CITY OR	l d	COUNTY	STATE
	ATTEND	CTOR A	23 18 m		22a I certify that (l) sow the decease abave, (l) (we) (d	d olive on		19.8			my) (our) opinion	deoth accurred on the	date and h	aur and fram the	that (I) (we) last causes stated
	TAL OH	RAL DHE detocher			22b. SIGNATURE	Co	rustra	(mw		DEGREE		MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	22c. DATE	8/87
	HOSPI	O FUNE bould be	WPORTA		224. PHYSICIAN'S NA	(Ah	SHAW			22e ADD	YYT U	Conno	11	5+	

BP_ DHMH - 16 50M 1/81 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 236. DATE 11/11/87 23¢ NAME OF CEMETERY OR CREMATORY Christian Cemetery 750. DATE REC'D.

23d LOCATION CITY OR TOWN

Snow Hill

STATE Maryland

24 FUNERAL DIRECTOR

Norman F. Dennis, Snow Hill, Maryland

BY REGISTRAR 25% REGISTRAR'S NOV

WELL - 11211

7.0			FOR 1 - STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH B FEG. NO. 37 1 7 3								
13	by be Coge 3 Cog	DEC -	TYPE	CASED NAME OR PRINT) da MONO	Minnie ∨`ℓ	2	MIDDLE	Ę	Colberg		NOVEMBE	MONTH 1	0 1987	26 HOUR
	Ter o		3. SE)	(4 RACE		5. DATE O		YEAR	6. AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS
	ge A	1/		Female		Whi	te	Feb.	4, 189	2	95	YRS		
	2 10 2	Q VO	1 a. B1	RTHPLACE (STATE OR FO	OREIGN		WHAT COUNTRY	? B.	D NEVER MARI	RIED 🗆	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
	deor	100		England			.S.A.	WIDOWI		CED 🗌	Wicomico			MD
	1 11	(2//)0 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURS CH FACILITY, GIVE STRE		OR OTHER INSTITUT	TION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST			OF BUSINESS OR
203	Elect of	Jo L		Salisbury		Peninsula General Hospital				Home Maker At Home				
ND 21	24 hau filled in ould be	1	13n S	W Jersey	136 COUN Cape	OTHER INSTITUTION TY May	Green	WN	134. INSIDE CITY L		13. STREET ADDRESS 5 Linda		(79999
MARYLA	ed within mpletely and 2 sh	12	DIFA	THER'S NAME Charles	s Ĺ	ount	LAST		15. MOTHER'S MA		WIDDLE		shaw ^^	.ST
IMORE,	e execut n and co	medical	16e. V	VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	157 26		17. INFORMANT Walter	С.	Colberg '	205 E Villa	. Del.	Pkwy. J. KIMATE INTERVAL LONSET AND DEATH
DIVISION OF VITAL RECORDS, 203 W. PRESTON ST., BALTIMORE, MARYLAND 2120	that the draft certificated by the corporate property of the corporate	rial, cremation, or removo at other traumatic event,		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:a										
CORDS,		and without a	CERTIFICATION	190. DATE OF OPERAT					NOT RECATED TO		200 AUTOPSY?	20b. IF YES	, WERE FINDI	INGS USED
I RE	per lo	11/	Ĭ								YES NO	N CERTIF	YING CAUSES	NO [
IVISION OF VITA	JG PHYSICIAN, T offending physic fer this certificate is the burnol-frame	rked or Item 18 sh	MEDICAL CER	216. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	AUSE OF DEA	21e PLACE	OF INJURY .M. MONTH .M. OF INJURY REET FACTORY, OFFICE	19	21c HOW INJUR	Y OCCURR	ED (ENTER NATURE ÖF IN) CITY OR T		COUNTY	STATE
Q	ZDO - SO -	s ma		220.1 certify that (I) (this haspital) attended the deceased from 10/24 , 19 87 , to 11/20 , 19 87 , that (I) (we) last										
•	Y the haspital y the haspital RAL DIRECTOR	LT: If frem 21 i		saw the decease above, (1) (we) (g	lid) (did na	7. O	Valter de Citi	0	DEOREE ATTE	NDING	MEDICAL STA	AFF		E SIGNED
	TO HOSPII etained b TO FUNE should be	MPORTANT:		I gwat	ME (TYPEO	C. D	Nard	0	PG H		alisbury, Mo	aryland	2180)1

ÖHMÄ - 16 50M 1/81 (VRA 15, 4)

Burial 11-24-87

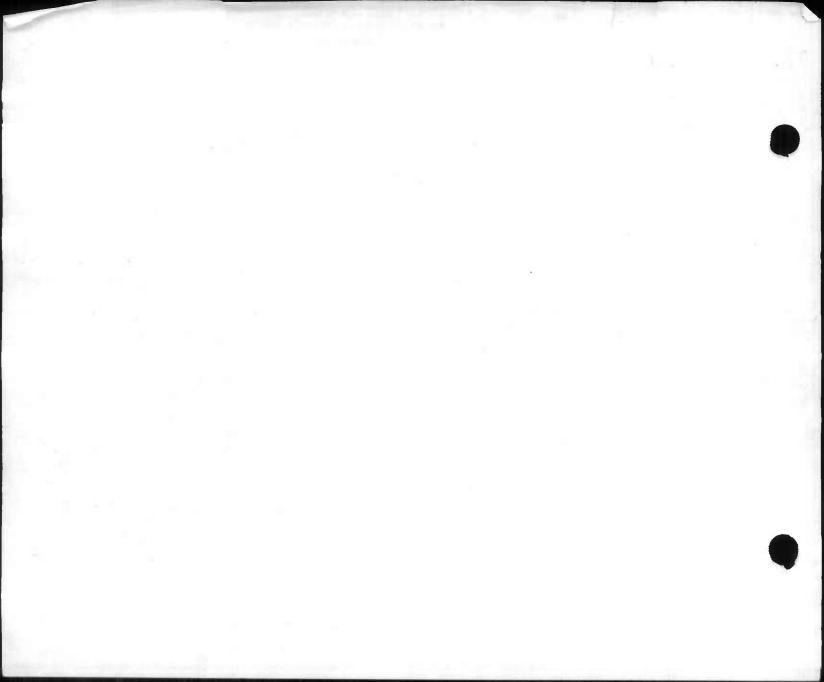
23c NAME OF CEMETERY OR CREMATORY Cold Spring Cem.

Nswy.

Holloway Funeral Home, P.A., Salisbury, Maryland

23b. DATE

Cold Spring, Cape May



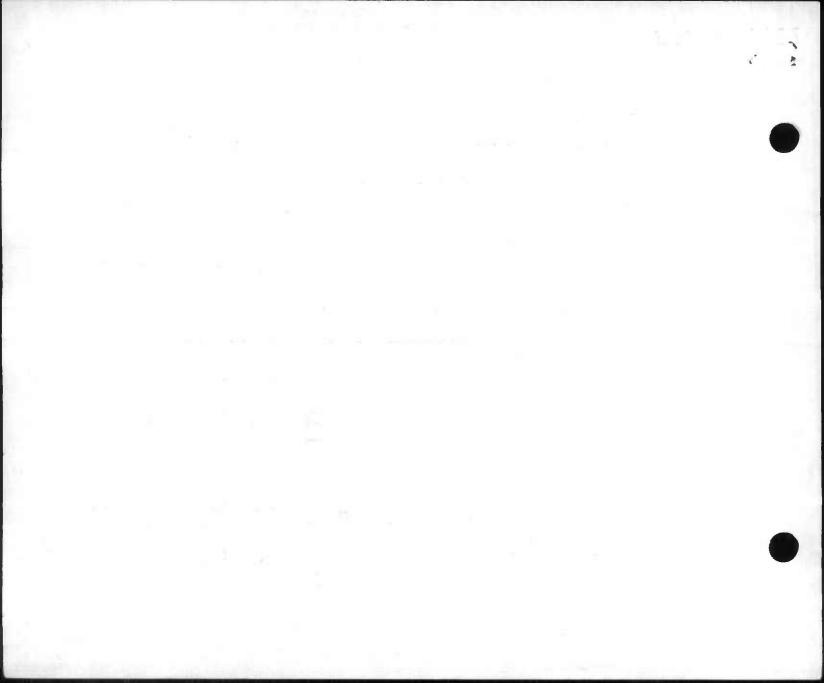
Hölloway Funeral Home, P.A., Salisbury, Marylan DEC 24 1987

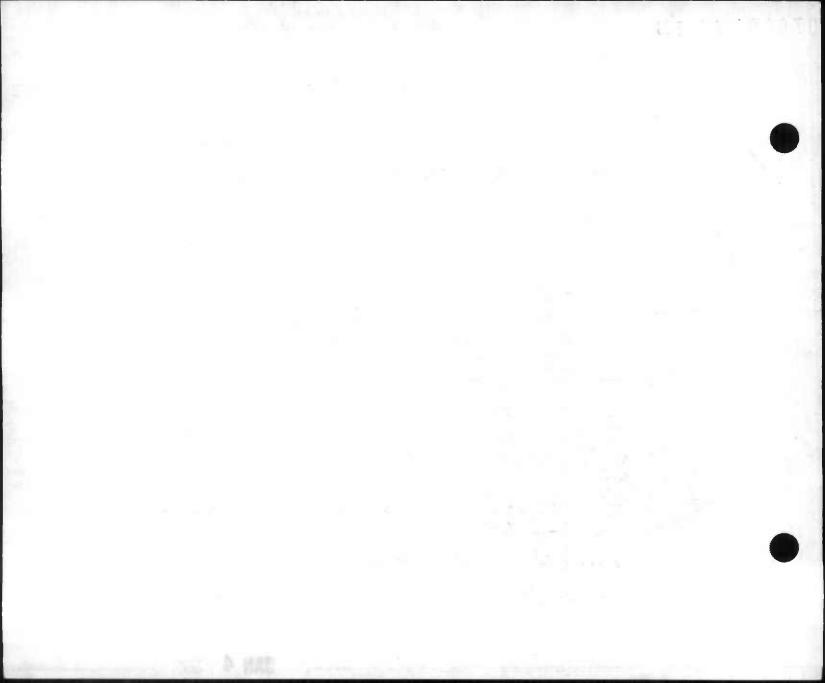
24 FUNERAL DIRECTOR

(VRA 15. 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DATE REC'D. BY REGISTRAR 24 REGISTRAR'S SIGNATURE





TO FUNERAL DIRECTOR: After this certificate has been

74558

-98	37	FOR STATE REGISTRAR		2		MENT OF H	EALTH AND	MENTAL HYG	- 8	REG. NO.	3 7		8 1
		CEASED NAME OR PRINT)	ERBE		LEE	CC	DRE, JE	₹.	DECEN	MBER 4,	, 1987	YEAR	2b. HOUR
3	3. SE>	Male		4. RACE White		5. DATE C		1018	6 AGE (IN YEAR		MONTHS	DAYS	IF UNDER 24 HRS
		RTHPLACE (STATE OR F		76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE		MARRIED .	210	CITY OR CO		EATH	MC
0		ALISBURY	ТН		HOSPITAL, NURSIN THE FACILITY, GIVE STREET E #6 - ZIO	IG HOME C	OR OTHER INS		12a USUAL OC		(ING LIFE) IN	a. KIND OF DUSTRY	BUSINESS OR
	13g. S	AL RESIDENCE (IF NURS TATE Maryland	13b COUN	OTHER INSTITUTION ITY	Salisbury		13d. INSIDE (NO [13 STREET AD	DDRESS / ZIP Haven	CODE Aven	ue	21801
1		THER'S NAME Herbert	L	MIDDLE ee	Core, Sr.		15. MOTHER	S MAIDEN NAA FIRST Ma		MIDDLE	Figg	LAST S	
71		VAS DECEASED EVER (ES, NO OR UNKNOWN) Yes		MED FORCES? E WAR OR DATES)	166. SOCIAL SECU 212-14-4		17 INFORM	Mrs. as #13e	Beulah l	Core	(Wife)	
		Conditions, if ony, gove rise to imm cause (a), stotin underlying couse	nediote g the	(b)	R AS A CONSEQUI	Cirr	hose	>	∀			1 ye	ar
	LION	Chronic	= 00	Betruck	tive l	eine	_dis	earle					
	CERTIFICATION	19a DATE OF OPERA	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED			IF YES, WER CERTIFYING YES [
	MEDICAL CE	210 ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIT	AUSE OF DEA		PEINJURY M. MONTH D. M.	AY YEAR		NJURY OCCURE	RED (ENTERNATU	RE OF INJURY IN ITE	EM 18 PART 1 O	R PART 2}	
	WED	21d INJURY OCCURE WHILE NOT WHAT WORK AT WO	IKE 🗍	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC)	21f LOCATI			CITY OR TOWN	C	OUNTY	STATE
		220.1 certify that (1) sow the decease above, (1) (we) (c	ed olive on	11/26/	198	-17	nd that in (my	, 19 <u>3</u> 7) (our) opinion o	, to/ death occurred	on the date on	d hour and		hot (I) (we) lost ouses stated
		22b. SIGNATURE	Mely	and in			70.		MEDICAL DIRECTOR	STAFF PHYSICIAN [12/07	/1987
		George	/		M.D.	7	306	Kay Av	enue, Sc	alisbury,	Mary	land	21801
/	23a B	URIAL, CREMATION, SPECIFY) Burial		23b. DATE	23€		EMETERY OR	crematory nory Gai	23d. LOCAT	ION	COU	NIY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

NOV	l h ß	FOR STATE PREGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE	37182
1101		CEASED NAME FIRST A BER	JAMES	CORNISH	NOUGH DE	DNTH DAY YEAR 26 HOUR 26 PC 1, 1987 1815 M
	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.
	1	1ALE	Black	11-20-1915	7/	YRS.
35		IRTHPLACE (STATE OR FOREIGN COUNTRY) LAIRY (AND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR 6 WICOMICO	MD.
Z	Sa	ITY OR TOWN OF DEATH	Peninsula Gener	A HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W LABERS	126 KIND OF BUSINESS OR INDUSTRY
3	130	PARYLAND 136 COUNTY	0 10 1	WAY YES NO BY	13. STREET ADDRESS / Z R+2 Box41	. ナーノー エバーンバーン・
2	14. FA	TO ANIEL	CO1211 St	15 MOTHER'S MAIDEN NA	WIDDLE	TLE ! LAST
the medical		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN] IF YES GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 2/6-14-2	- 1.11	uish R+2 B	Box 714 JERSEY Rd.
I, cremation, or removather troumotic event		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	u	Je.	
injury, or	NO	PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	LINAL DISEASE OR CONDIT	TION GIVEN IN PART TIO
nows ony	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ond Mental Hygiene	MEDICAL CEI	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR	RED (ENTER NATURE OF INJURY I	IN (TEM 18 PART I OR PART 2)
norked or Item	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE, F.	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
of He 21 is		sow the deceased alive an	tal) attended the deceased from	70, and that in (my (our) opinion	death occurred on the date	that (It (we) last and hour and from the causes stated
tate Dept		1 Mul A	Tufley)	-	MEDICAL STAFF	22c DATE SIGNED
APORTANT:		Pholop A	I NSley TR	145 Car	end Stre	ect

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR NAME HOUS SteWART

23a BURIAL, CREMATION, REMOVAL

IN Est Rd

House

231 NAME OF CEMETERY OR CREMATORY

PRINCESS of Jucob Anne 25 NOV 009

SO MERSE 736 REGISTRARS SIGNATURE

7887 8 O VOV

death certificate be executed within 24 hours after death. Page

STATE OF MARYLAND

DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATE	OF	DEATH	

	-	REGISTRAR		CERTIF	ICATE OF DEATH	B PEG. N	o. 🐧	7 1	8 3
1	CIVE	CEASED NAME FIRST	MIDDLE	0	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR O
		Ruth	1		owan	11-1	5-	87	9 AM
	3. SE)	- 1	. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY	MONTHS DAYS	HOURS MIN.
	-	emale	White	05	17 1916	'7/	YRS.		
		RTHPLACE (STATE OR FOREIGN 7:	b. CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
1		MD.	U.S.A.	WIDOWE	DIVORCED [mico	·	MD.
1	10. CI	Salisbury	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE, STREET.)		Center Center	(TYPE OF WORK FOR MOST C			F BUSINESS OR
2	USUA 13a S	AL RESIDENCE (IF NURSING HOME OR O			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE	415	(11
7			cester Berl		YES NO	R+. 3.	Box	618	
2	H)FA	THER'S NAME	IDDLE LAST		15. MOTHER'S MAIDEN NAM				
7		GEORGE FRANK			BERTHA		LLER	LAS	.1
			MED FORCES? 166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI	SS		
	The state of the s	YES, NO OR UNKNOWN) (IF YES, GIVE	217-01-	6193	DEERS HEAD	STATE HO	OSP.		
	z	PART I. DEATH WAS CAUSED IMMEDIATE Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		ENCE OF	Con Box	y metasl	etizil anu		MATE INTERVAL DISET AND DEATH Z Z
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDING YING CAUSES	OF DEATH?
4	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NO		S C	NO []
1		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA		The state of the s	CONTENTANTONE OF THE	A. D. William I.O. P.		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	19 ARM, ETC }	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
		220.1 certify that (I) (this haspite saw the deceased alive an abave, (I) (we) (did) (did not) 22b. SIGNATURE	11-15 19		7 - 24, 19 6 7 nd that in (my) (aur) apinian of DEGREE ATTENDING	death occurred on the di			
4		Cloa W	(· leon	MID	PHYSICIAN [DIRECTOR PHYSIC		11-	13-1781
		22d. PHYSICIAN'S NAME (TYPE OR	GORIS		22e ADDRESS	6			
1	230 B	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Removal	11-15-87			CITORIOWN		COUNIT	SIAIE
	24 FL	INERAL DIRECTOR	ADDRESS		25a DATI	E REC'D. BY REGISTRAR	256 REGIST	RAR'S SIGNAT	URE
	S	State Anatomy		to.,	Md. NO	V 16 1007	Julia 1	Sinks &	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP_

TO FUNERAL DIRECTOR, Attached for use or with the State Dept. of Health

MPORTANT If tem 21 is marked or tem 18 shows gay

TO HOSPITAL OR ATTENDING PHYSICIAN. The law

State Anatomy Board

FOR

Balto., Md.

STATE OF MARYLAND

8 STATE REGISTRAR	DEFARI	CERTIFICATE OF DEATH	REG. NO.	7 1 8 4
1. DECEASED NAME FIRST (TYPE OR PRINT) FRED	ERICK STANLE	Y COWEN	DECEMBER 16,	1987 26 HOUR
3. SEX Male	4 RACE White	5. DATE OF BIRTH MONTH DAY 12 19 1906		IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Michigan	76 CITIZEN OF WHAT COUNTRY?	MARRIED M NEVER MARRIED WIDOWED DIVORCED	□ WICOMICO	OF DEATH ME
SALISBURY	820 SCHUMAKI	ER APTS. 201	120 USUAL OCCUPATION (1795 OF WORK FOR MOST OF WORKING LIFE) Retired Engineer	12b. KIND OF BUSINESS OR INDUSTRY
OSUAL RESIDENCE (IF NURSING HOME OF 136, STATE 136 COU Maryland W	icomico Salisbur	N 13d. INSIDECITY LIMIT	820 Schumaker A	pt 201 21801
	Albert Cowen	Grace		ulver LAST
166 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	14	Irs. Dorothed St. Cowes #13e	n (Wife)
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c) CONDITIONS CONTRIBUTING TO	ence of	TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(o)
190. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING [196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
OR CONTRIBUTING _ CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT I OR PART 2)
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, I	PARM, ETC) 21 LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the precised aliver or gladies, if (we) I did / did n	of view the body offer death.	Ond that in (my) (our) opi	onion death accurred on the date and hour IG MEDICAL STAFF N X DIRECTOR PHYSICIAN	22c. DATE SIGNED 12/16/1987
230 BURIAL, CREMATION, REMOVA		. 560 Rive	orside Drive, Salisbury,	Md. 21801

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use with the State Dept. of Hea MPORTANT: If them 21 is

TO FUNERAL DIRECTOR

Cremation
24 FUNERAL DIRECTOR

Salisbury Crematory

Salisbury, Wicomico, Maryland

UNERAL DIRECTOR

Holloway Funeral Home, P.A., Salisbury, Maryland DEC 1 7 1987

780 Y 1 J.S.

Mary III				FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO	3 7 1 8	5
61	26 EC 2			PRINT) Kath	XW M.	LAST	Decembe	1 22,1987 5	.31 PA
	rector, pours offer of	3	SEX	tomale ?	White	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOU	NDER 24 HRS JRS MIN.
0	death. Pe	5	cc	DUNTRY	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR Wicomico		ME
102	by the filled with	2	S		(IF NOT IN SUCH FACILITY, GIVE STREET A Peninsula Genera	l Hospital	120 USUAL OCCUPATION OF WORK FOR MOST OF		SINESS OR
AND 213	filled in nould be		JSUA 3a. S1		OTHER INSTITUTION, GIVE RESIDENCE BEFORE IY I31. GITY OF TOWN	YES X NO [130 STREET ADDRESS	Zip 2184	0
MARYL	red within	0	6	renge L.	DOLE Meists	ILK IS. MOTHER'S MAIDEN NA	MODIE	ncoly LAST	, ,
BALTIMORE, MARYLAND	be execut an ond co	1	6a. W (YE		MED FORCES? 166. SOCIAL SECU WAR OR DATES) 2/8-24	17. INFORMANT -5977 Mang	yexite L.T.	motox NInt	2011
7	ertificate ng physcie borhooper removol.			18. CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE		rovascu/ar	- accid	ent 24 k	AND DEATH
W. PRESTON ST	the death ce the attending remove carb remotion, or her troumatic			Conditions, if any, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	monary &	mboli	sny	
201	gned by gned by en please buriol, c		,	PART 2 OTHER SIGNIFICANT CO	((c)	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART TO	
AL RECORDS,	he low requon. hos been sit permit. The tene prior to awsany injur	7	CERTIFICATION	90 DATE OF OPERATION	1%. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS I IN CERTIFYING CAUSES OF D YES	
DIVISION OF VIT	SICIAN: T ing physici certificate certificate urial-transi hentol Hygi them 18 sh		₹ V	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.		RED (ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART 2)	
OINISIO	NG PHY attending ther this os the bi thand A		WED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOW	N COUNTY	STATE
	spital ar STOR: A for use of Heol			22a.1 certify that (1) (this hospital saw the deceased alive on _ above, (1) (we) (did) (did not	12-72 198	7, and that in (my) (our) opinion	death accurred on the dat	te and hour and from the cause	(1) (we) last es stated
	AL OR A the ha AL DIREI detached one Dept. IT: If them			27b. SIGNATURE	Tom	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F 12 - 2 3	
	HOSPIT bined by FUNER ould be of th the Str	/		EVANGELO		S MED CEN	TERN HO	SALISBUR	×
	O € F#3 ₹-	1	12a PI	IDIAL COSMATION DEMOVAL	122 DATE 1 122 B	TAME OF CEMETERY OR CREMATORY	1224 LOCATION /	/ //	

136 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4) 230 BURIAL CREMATION, REMOVAL

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

力	STATE			DEI ARTH	CERTIF	ICATE OF	DEATH	8	REG. NO	D	3 7 1	3	Ö
	CEASED NAME	FIRST	N	MIDDLE	Į.	AST		20 DATE O	FDEATH	MONTH	DAY YEAR	2b. HOUR	?
(TYPE	OR PRINT)	fred	Rob	ert	Dav	vis			No	V	17 1987	4:35	5 AM
3. SE		4. F	RACE		5. DATE C			6 AGE (IN	YEARS LAST BIR	[HDAY]	MONTHS DAYS	IF UNDER 2	MIN.
	Male		White		Au	_	1911	76	5	YRS	MOINTING DAYS		Mild.
	RTHPLACE (STATE OR FO			WHAT COUNTRY?	8. MARRIE	NEVER	R MARRIED		_	R COUNT	TY OF DEATH		
Wi	Ilards, Mary	land	U.S	.A.	WIDOWE		DIVORCED [Wicor					MD.
10 CI	ty or town of dea Salisbur		Rt. 9	HEACILITY, GIVESTREET A BOX 230	G HOME (OR OTHER IN	STITUTION	Reti	occupati k for most o ced Br	on Fworking Oile	12b KIND C INDUSTRY Crower	F BUSINES	er
130. 5	AL RESIDENCE (IF NURSI STATE Maryland	NG HOME OR OTH 13b COUNTY Wicom		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Salisbur	Ν	13d INSIDE	CITY LIMITS?	13e.STREET Rt.#	ADDRESS A		DE 2180	01	
14. F.A	THER'S NAME	11/5	D. F.	122			R'S MAIDEN NA	ME	WIDDIE		1.4	SI	
)	Elmer	A ID	G.	Davis			Dollie		MIDDLE		Smi	th	
	VAS DECEASED EVER I			16b. SOCIAL SECU	RITY NO.	17. INFORA	MANT		ADDRE	SS			
(YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	215-36-2	339	Mary	Mumford	Davis	. see	sec	13		
	18 CAUSE OF DEATH PART I. DEATH W. Conditions, if any, gave rise to imm couse (a), stating underlying cause	which (nediate g the	DUE TO, OF	R AS A CONSEQUE	INCE OF	Ca	rum	a of	Clad	de	- /	year	
NO	PART 2 OTHER SIGN	IIFICANT COI	nditions <u>cc</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELAT	ED TO THE TERM	MINAL DISEAS	SE OR CON	DITION G	EVEN IN PART 1	o	
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	200 AUT	OPSY?	IN CERT	ES, WERE FINDI TIFYING CAUSES YES []		H?
	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A	M. MONTH DA	AY YEAR	21t HOW	INJURY OCCUR	RRED (ENTERN	ature of inju	RY IN ITEM TE	8 PART 1 OR PART 2)		
MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e. PLACE ((AT HOME STR	OF INJURY BEET, FACTORY, OFFICE F	ARM, ETC)	21f LOCA STR			CITY OR TO	1	COUNTY	SI	TATE
	220.1 certify that (1) saw the decease above, (1) (we) (d	d alive an	/ Vove	mosen 19	87.		ny) (our) opinian	death occurr	ed on the d		out and from the		ve) last ited
	22b. SIGNATURE	ee)	lewest		M	DEGREE		MEDICAL				-17-1	987
	22d. PHYSICIAN'S NA	ME (TYPE OF	RIND	. 4		22e. ADDR	ess (2 10	.1.0	1	40)	0100	

MPORTANT: Dr HAROLD & DENVER 23a. BURIAL, CREMATION, REMOVAL 236 DATE Burial 11-19-1987

FOR

23c. NAME OF CEMETERY OR CREMATORY Dennis Cemetery

PINEBLUTT Kd, JALISDUNY, MU 21801 23d LOCATION

Willards, Wicomico

Mary 1 and

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached

BP.

Mental Hygiene prior to burial,

24 FUNERAL DIRECTOR Baker & Bounds

Salisbury, Maryland

250 DATE REC'D. BY REGISTRAR 20 REGISTRAR'S SIGNATURE NOV 19 1987

WOV 191987 BL MARKET LAND

					-00						OF MARYLAND									
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, 0	1	2 5	חבני ו	3. SE			4. RACE			DATE O	FBIRTH		6 AGE (IN	YEARS LAST BIRT	HDAY)	IF UNDER	RIYEAR		R 24 HRS	
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1/1	te d	with tu	6	M CI	TY OR TOWN OF DEA	ATH	11. NAME OF I	HOSPITAL, NO	URSING	HOME O	R OTHER INSTITUTIO	NC	12a. USUAL	OCCUPATION			KIND OF	BUSIN		
5	rs of	by t	86	S	alisbury		Peninsu	la Gen	neral	Hos	pital		Ret.	Bethle	ehem	Stee	1			
AND 213	24 hou	filled in	35	13a. S	AL RESIDENCE (IF NURS TATE Md.	Some 1	1TY	130 CITY OR Westo	NWOTS	MISSION)	134 INSIDE CITY LIN	AITS?	Rt.	ADDRESS 1 Box	x 172	2C,	218	71		
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E.J	cuted	omplo	13/6	1				eitz "			Lavada			A. ADDRE		2				
ORE	No.	Poges	dica		(AS DECEASED EVER		MED FORCES?	16b. SOCIAL			17 INFORMANT	70. 1								
LTIM	9	rs. Po	Employ		No	1		220-2			Sally A.	Dei	tz, S	ame as	3 13e		APPROXI	WATE INTE	FOVAL	
T., 8A	certificate	physic	event, the		PART I. DEATH W	H (Enter on /AS CAUSE IMMEDIAT	lly ane cause per D BY: 'E CAUSE (a)	line for (a), (I	(b), and (c	c1.)						-8	APPROXI SETWEEN C	NSET AND	D DEATH	
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₹.	requires that the death	by the	not, cremotion, or a or other troumotic		cause (a), statin underlying couse	ng the		RASACONS	SEQUEN	CE OF										
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	he low r	hos bee	Shows only	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR W	VHICH OF	PERATION	WAS PERFORMED		20a AUT	OPSY?	IN CERT	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?				
ZE	hysici	is certificate has	18 sh		21a. ACCIDENT WAS UND			F INJURY M. MONTH	H DAY	YEAR	21c. HOW INJURY	OCCURR	ED (ENTERN	LATURE OF INJUR	Y IN ITEM 18	3 PARTIOR	PART 2)			
0	PHYSICIAN: ending physi	riol	te ato	MEDICAL	(IF EITHER, NOTIFY MEDI	CAL EXAMINER	P.	м.		19										
SIO	PHY	this he bu	21 is morked or item	MED	21d. INJURY OCCURE		21e PLACE	OF INJURY REET, FACTORY, O	OFFICE, FARM	M. ETC)	211 LOCATION STREET			CITY OR TO	WN	CON	YIND		STATE	
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	R AT hosp	RECT ed fo	en 2		abave, (1)/(we) (6	did) (did na	t) view the body	after death.			DEGREE						c DATE			
	AL O	AL DI	T: F		Rola	da	M.D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN						F IAN 🗌	- 1	2/1	3/8	7			
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	O HO etoine	TO FUNERAL	with the State Dept. o		ROBER						305 10	12 57			KE	MD	- 7	185	1	
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		RA 15, 4		I	eonard J.	J. Ruck, Inc.,5305 Harford Rd. DEC 1 7 1987								io Di	order	·Kons	dath			

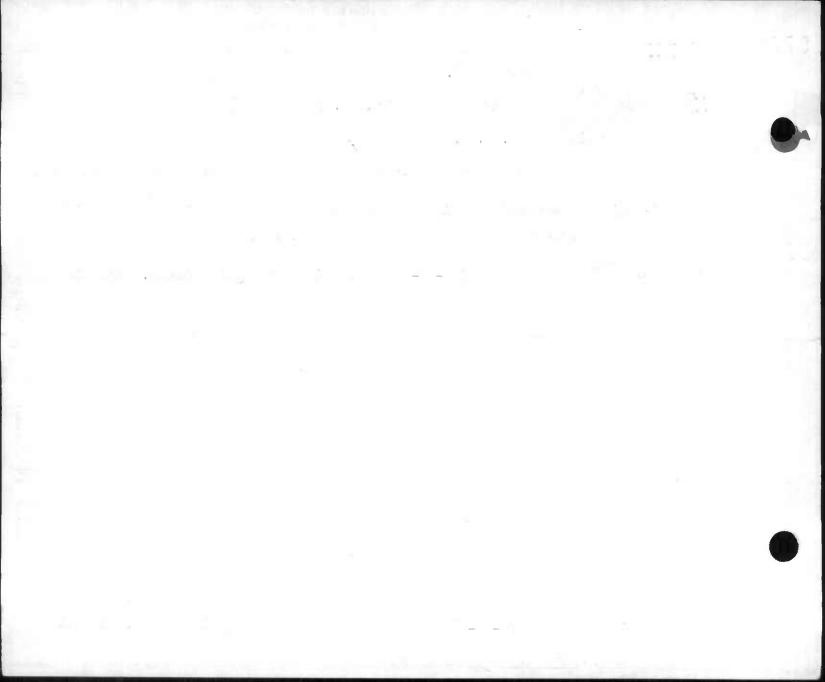
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1			STATE OF MARYLAND		
1	FOR - STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	7100
17	REGISTRAR DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR 2 0
	Philip	J	Dinardo	December 30, 19	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
The street	Male BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	2-2-16	9. BALTIMORE CITY OR COUNT	V OF BEATH
E25	COUNTRY) MA	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico County	MD.
led were	PALISBURY	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STR Deer's Head Cer.	SING HOME OR OTHER INSTITUTION LET ADDRESS) LET	12a USUAL OCCUPATION (TYPE OF WORLFOR MOST OF WORKING I	12b KIND OF BUSINESS OR INDUSTRY
1 13 0 0S	SUAL RESIDENCE (IF NURSING HOME OF	1200	- 1/	13e STREET ADDRESS / ZIP COO	/
記り	FATHER'S NAME	MIDDLE A LAST	YES NO 1	13902 216x	GLUGE CIEL
870	WAS DECEASED EVER IN U.S. AR	DIMARDI	CURITY NO. 17 INFORMANT	DI MAROC) IASI
Poget		243-07-	4032 MARIAN	V. Al MARDO C	OCEAN City
physicio paper novol: ent. the	PART I. DEATH WAS CAUSE		and (c).)	thris	BETWEEN CHOSET AND DEATH
orbor or rec	IMMEDIA	DUE TO, OR AS A CONSE	VIENCE OF	UP NO	17.77
offon, froum	Conditions, if ony, which gove rise to immediate	(b)	RC II L		
other other	cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	DUENCE OF		
o burning of gurry, or		CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(a
B shows any inju	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
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d or hem	OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	AIR .	19 ZII LOCATION		
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Health in mo		ital) ottended the deceased from		7 10 12-30	, 1967 , that R (we) lost
2 0 0 0	obove, (I) (we) (did) (did no	ot) view the body after death.	DEGREE	n death accurred on the date and ha	22c, DATE SIGNED
detach unte De 41. III. III.	10-	In Skore	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/20/81
PORTAN	Inja J. Hwang	1/	P.O. Box2018	Deer's Head Cen	/
612	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OF CREMATORY	23d. LOCATION	DUSOUNITY MA
OM 7/84	FUNERAL DIRECTOR	~ 11 0	717-17-1	TE RECID. BY REGISTRAR 35 REC	WAY TO ALL STREET
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3/	1-	FOR STATE REGISTRAR			DEPARTA	NENT OF HE	OF MARYLA ALTH AND M CATE OF D	MENTAL HYGI	ENE 8	RIG. NO	3	7		9	
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director, y	I BI	RTHPLACE (STATE OR FO	DREIGN	W	WHAT COUNTRY?	1 B.	28 NEVER M	VEAR 08		9	YR5	MONTHS	DAYS	HOURS	MIN.
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in 24 hours y filled in to hopefd be fill	13a. S	MD.	13P CON	OTHER INSTITUTION		admission) N URY	3d. INSIDE CI	ITY LIMITS?	BOOKK	DDRESS /	ZIP CODE		ANK	18	0/
10202)	THOMAS W	. DA	MIDDLE VIS	LAST				RUITT	ADDRES	SS		LAST		
S Pages		(ES, NO OR UNKNOWN) NO III CAUSE OF DEATH	(IF YES, GIV	E WAR OR DATES)	214-12	-6717		NLEY D	ENNIS					ATE INTERV	VAL
that the death certifical by the ottending physical certification follows:		PART I. DE ATH WA	AS CAUSE IMMEDIAT which ediate	D BY: TE CAUSE (a) DUE TO, OI	R AS A CONSEQUE	SCEPE !	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	r- 4	ne						
os been righte os been righte permit. Nen pl ne prior te bur	IFICATION	PART 2 OTHER SIGN			TION FOR WHICH				200 AUTOR		20b. IF YES	S, WERE	FINDING		
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RATENDAG hospital or att RECTOR After and for use or th got, of Health on tern 21 is market	<	220.1 certify that (I) saw the decease above: H. (we) (d) 22b. SIGNATUR	(this haspi	tally attended the	e deceased fram_	MA.	that in (my)	, 19 (aur) apinian d	, taeath occurred	an the dar	te and hau		/		
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DHMH - 16 60M 7/84 (VRA 15, 4)

State Anatomy Board

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Removal

24. FUNERAL DIRECTOR

23b. DATE

11-28-87

Balto., Md.

23c NAME OF CEMETERY OR CREMATORY

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE DEC 04

COUNTY

STATE

23d. LOCATION CITY OR TOWN

712-110 1 184710

TEO OF THE PROPERTY OF THE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2b. HOUR 3 SEX Fe male 60 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ISTATE OF FOREIGN MARRIED VIRGINIA USA NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE AT HOME 13n. STATE STREET ADDRESS 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE FIRST UNKNOWN COMER JOEL EPSTEINRESSRT. 1, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANA (YES, NO OR UNKNOWN) LIEYES GIVE WAR OR DATEST SALISBURY, MD 21801 SHARPSPOINT RD. NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) Me fa ofa for 5mall e 00 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE NOU 220 I certify that (1) (this haspital) attended the deceased fram. Octobe~ sow the deceased alive an October above, (1) (we) (did) (did nat) view the body after death

should be detach with the State De MPORTANT: # FUNERAL 230. BURIAL, CREMATION, REMOVAL DHMH - 16 50M 1/76 (VR A 15 (4))

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marked or

BURTAL DEC.1,1987

22h SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY CHIZUK AMUNO

N. O

DEGREE

22e ADDRESS

ATTENDING

PHYSICIAN

MEDICAL

DIRECTOR | PHYSICIAN

MARYLAND BALTIMORE

224 DATE SIGNED

&

23b. DATE

STAFF

71 2 21847

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•	BAS 5		Chincote	_		S.A.		WIDOW	/ED 🗆	DIVORCE	D 🗆	Wic	omico		MD.
	N HOLES	1.1	TY OR TOWN OF		11. NAME OF HO	FACILITY, GIVE S	TREET ADDRESS)			TION	FOR MOST	OF WORKING LIFE		17b KIND OF BI OR INDUST	TRY
	ASSES C		lisbury				Bluff		lage		Nu	sing		Hospit	al
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SE, MD.	EATH		THER'S NAME FIRST NOMOS		MIDDLE	Sleigh	LAST		Ma	R'S MAIDEN		WIDDLE		Melvi	n
ALTIMO	AFTER D INE PAGE H FORM AGES IN ISION O	16a V {Y	AS DECEASED E	VER IN U.S, ARM) (IF YES, GIVE V	NED FORCES? VAR OR DATES)		24-14-8		17. INFORM	me as	ηη 3₩.	Evans	(Fisban	d)	
STON ST., B	N 24 HOURS AR N 17EM 18 GIV ALCING WITH SIT PERMIT PAG YYGIENE, DIVIS	E	PART I DEAT	H WAS CAUSED IMMEDIATI	E CAUSE (o) A.	rteri							isease	APPROXIMA BETWEEN ONS	ET AND DEATH
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1 8	SE S	CERTIFICATION	19a. DATE OF OF	ERATION	196. CONE	ITION FOR	WHICH OPE	RATION W	AS PERFOR	MED?				20 AUTOPSY	(?
ZIA	X 2 2 3 5 2 -	F		14465 14416										YES 🗆	NO 🗶
DIVISION OF VITAL	GRIDE OF THE WOULD B ARTMEN		21a. EXTERNAL C UNDERLYING CONTRIBUTING	OR		M. MONTH	DAY YEA	R ZIc. Ho	OW INJURY	OCCURRED) (ENTER NATU	re of injury in it	EM 18 PART I OR PA	ART 2)	
PIVIS	HIS CERTING WRITING WRITING WRITING WRITING AGE 3 SHATE DEPTH ATE	MEDICAL	ZId. INJURY OCC WHILE DA AT WORK A	OT WHILE		CTORY, FARM, E			CATION		CII	y or town	co	DUNTY	STATE
•	TO MEDICAL EXAMINEE. T EXECUTE THE CERTIFICATE. BACE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BAHEIMORE, MARYLAND, 2	N. A. S.	22a I certify to		of the remains d	Accident		Autop uicide	, Homic	Inspection ide	Undetermi	ned monner	and in my of	pinion ED 12-25	- 87
	MEDICA ECUTE TO FUNERA TER DEAT ATIMORE	1	EXAMINER'S NA (TYPE OR PRINT)	MBJohn	T. Bu				ADDRESS_	Sal	isbu		arylan		
07/84	8P	(5	Burial		12/28/1	987 S	name of ce or inghi	METERY O	nory (Garden	23d LOCA CITY OR TO Hebi	own Wi	comico,	Marylar	nd
254	DHMH - 17 (VR A15 ME (5))		ineral directo		lome, P.A	∜., Sal	isbury,	Mary	land	DEC 2	2 9 19	SISTRAR 256.	REGISTRAR'S	SIGNATURE	
		-													

A Commission of the The second of th

3 ad you

executed within 24 hours after death. Page 4

mpletely filled in by the funeral director, page 3 and 2 spoud be filed within 72 hours after death

STATE OF MARYLAND

1 -	FOR STATE REGISTRAR	DE		EALTH AND MENTAL I		É, NO.	. 7 1	9 4
V DE	ASED NAME FIRST Florence	WIDDLE	Evar	1S	20. DATE OF DEA	ниом НТ	987	26 HOUR 08
3. SE		4. RACE	5. DATE C	DAY YEAR	6 AGE (IN YEARS)		H UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
	emale	white	Feb	. 25, 1910		77 YRS		
	RTHPLACE (STATE OR FOREIGN COUNTRY) New Jersey	USA	MARRIEI WIDOWE	DIVORCED	I WICOMIC	_		ME
10. CI	alisbury	Deer's Head		OR OTHER INSTITUTION	12d USUALOCC (TYPE OF WORK FOR retire	MOST OF WORKING	G LIFE) INDUSTRY	of Business or cher
13a. S Ma	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY O	RTOWN	13d. INSIDE CITY LIMITS	route	RESS / ZIP CC		2185
M. FA	ATHER'S NAME	MIDDLE LA	151	15 MOTHER'S MAIDEN		oare	LA:	ST
1	Louis	Wagi		Bertha		ADDRESS .	Co	hen
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GII	VE WAR OR DATES)	16-3014	Shoshana		route		x 55
7	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CON	SEQUENCE OF	NOT RELATED TO THE T	melaskass	CONDITION	<i>\$</i> }	MAR INTERVAL ONSET AND DEATH
TIFICATION	19a DATE OF OPERATION	19% CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CER	YES, WERE FINDII RTIFYING CAUSES YES [
AL CERTI	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE	OF INJURY IN ITEM	18 PART OR PART ?)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CIT	y OR TOWN	COUNTY	STATE
	22a I certify that (I) (this hosp sow the deceased alive or above (I) (we) (ald) (did no 22b. SIGNATURE	otal) attended the deceosed of the local part of	19 87 . 01	nd that in (my) (bur) opin	/	the date and h		
	e la	0	feral	Total Control of the	G MEDICAL N DIRECTOR F	STAFF PHYSICIAN	12/	18/87
	22d PHYSICIAN STAME TYPE OF INJA J. Hwas		1	Deer's Hea	ad Center,		ury, MD.	21801
	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	23b. DATE 12/19/87		emetery or cremato ury Crema	CITY OR TO		Wicomi	co Md.
24 F	UNERAL DIRECTOR	POCO:	moke Ci	TO MA V+			Denden -	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked ar Item 18 showroay injury, or other traumatic event, the

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, a TO FUNERAL DIRECTOR: After this certificate has been signed by

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

Pocomoke City, Md.

Transit to the latest to the l

enshoot beat Strang

- o'T - o'S'Mazer

requires that the death certificate be executed within 24 hours after

OR ATTENDING PHYSICIAN: The low ottending physician.

retained by the haspital or

BP.

TO HOSPITAL

moletely filled in by the funeral director.

STATE	OF	MARY	LAND	
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DEMAND OF HEALTH AND MENTAL HYDIGHT

11	STATE		DEPAKI	MENT OF HE	ALIH AND MEN	VIAL HTGIENE				
-78	REGISTRAR			CERTIFIC	CATE OF DEA	ATH	B péc	3. NO.	3 7 1	9 5
		FIRST	MIDDLE	LAS		20	DATE OF DEAT	-	DAY YEAR	26 HOUR
	PL PL	UMMIE	Moody	EA	ANS			DEC.	2 1987	9:20 A N
3 5	SEX	4 RACE	,	5. DATE OF	8IRTH DAY	6 A	GE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Female	BI	K	MONTH -	- 23 - 4		63	YRS		MIN.
·7a.	BIRTHPLACE (STATE OR FOR	EIGN 76. CITIZEN	OF WHAT COUNTRY	? 8	A NEVER MAR	9 8	ALTIMORE CI	TY OR COUN	TY OF DEATH	
6	raspin N.	C. U.	5. A	WIDOWED			comico			MD
10.	CITY OR TOWN OF DEATH		OF HOSPITAL, NURS		OTHER INSTITU	TION 12a	USUAL OCCU			F BUSINESS OR
S	Salisbury		sula Gener		oital	(11)	V/	bred	JUL INDOSTRI	
	STATE 13			RE ADMISSION)	3d INSIDE CITY	11MITC2 1120	STREET ADDRI	SS / 7ID CC	nc) / 8/	1.1
2	md.	Wicomis	501	4	YES NO		122-8	Jersy	W 10 1	alis gum
14.	FATHER'S NAME				5. MOTHER'S M.	AIDEN NAME	MIDE	. /		
	Tre /	+ middle	Brewer		FIRS	ace_	mo		LAS	1
160	WAS DECEASED EVER IN			URITY NO.	17 INFORMANT			DDRE8		5.0.1
	(YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DATE	228-10	0-6420	Thirl	Les Evo.	1 42	12-R.T	orenel	my
	18 CAUSE OF DEATH	Enter only one couse				1		200	APPROXI	MATE INTERVAL
	PART I. DEATH WAS	CAUSED BY	Inline		miclim					AND AND DEATH.
	1^	AMEDIATE CAUSE to		7	100000					
1	Conditions, if any, v		O, OR AS A CONSEON	LA CALA	moma 1	Comm	on lile	dist	-	
	gave rise to immer	diote	1		VIVIVICE	_	., 0) / 0 - 1	10000		
		last.), or as a conseoi	UENCE OF		U				
	PART 2 OTHER SIGNIE	ICANT CONDITION	S CONTRIBUTING TO	DEATH BUT N	OT RELATED TO	THE TERMINA	DISEASE OR	CONDITION	GIVEN IN PART 110	0
Z		whologia	Utrunidis							
CERTIFICATION	19a DATE OF OPERATIO	196 CO	NDITION FOR WHIC	HOPERATION	WAS PERFORM	ED	Ou AUTOPSY?		YES, WERE FINDIN	
/ ≝							YES NO	_	TIFYING CAUSES YES [NO [
7 8	21a. ACCIDENT WAS UNDER		AE OF INJURY	DAY VEAD	21c HOW INJUR	RYOCCURRED	(ENTER NATURE O	FINJURY IN ITEM	IS PART I OR PART 2)	
1 3	OR CONTRIBUTING CAL	JOE OF DEATH	P.M. MONTH I	DAY YEAR						
MEDICAL	21d. INJURY OCCURRE	D 21e PLA	ACE OF INJURY		21f LOCATION		CITY	OR TOWN	COUNTY	STATE
₹	WHILE NOT WHILE	(AT HOM	E, STREET FACTORY OFFICE	E, FARM ETC)	SIKEET		CITY	OK TOWN		JIAIL
	220.1 certify that (I) (t	his hospital) attende	d the deceased from	11/2		19 8"	to 2	2.	19 87	that (I) (and) las
	sow the deceased	alive on 2	2	90	that in (my) (apinian deat	h accurred an t	he date and h	nour and from the	causes stated
	22b. SIGNATURE	(and not) view the b	ody after death.	DI	EGREE				22c DATE	SIGNED
	Bodo	nun alu	1 much		ATTE	ENDING N	EDICAL DECTOR DE	STAFF	12	281
\dashv	22d PHYSICIAN'S NAM	NE (TYPE OR PRINT)	20.0000		22e ADDRESS	ISICIAIN W	KECTOK [] IT	IT SICIAIT [-101
	RODNE	VUAI	WENRICH		100	PAINE	R ST.	SA	LISBURY	md.
23.	a BURIAL, CREMATION, RE				METERY OR CRE		23d LOCATION			
1.5	(SPECIF)		-6-87 (n H	Clare 0	Const.	Weston	VN -	Somes et	STATE
	7.1000-000	100	0 0 / 1	urus	720		WEST OU	-	2011000	1110.

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and call should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1-1 with the State Dept-of-Hoolth and Mental Hygiene prior to burial, cremation, or removals.

(VRA 15, 4)

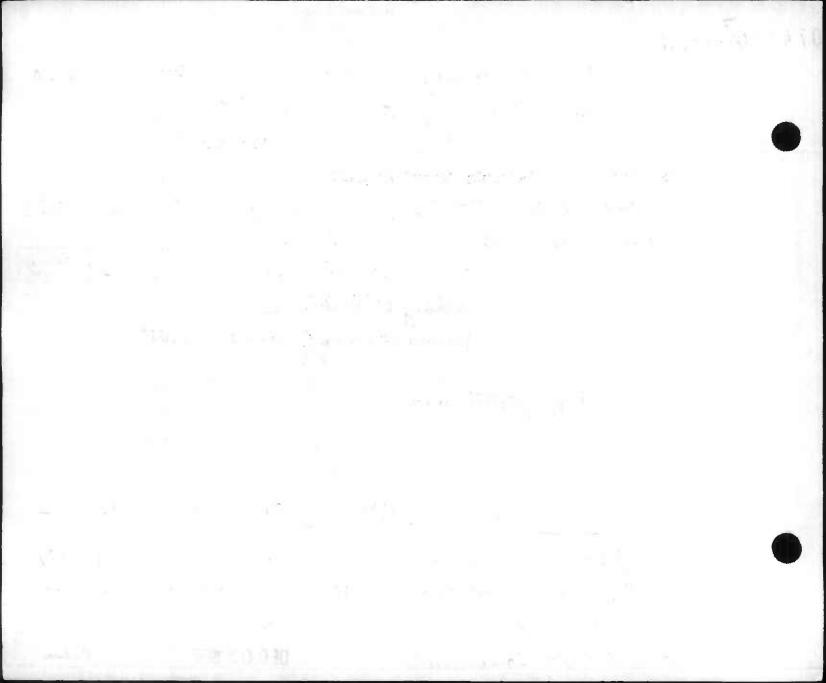
Bernal 12-6-8

Property 12-6-8

R. E. Word F/H Salisbury

REGISTRAR 256 REGISTRAR'S SIGNATURE Divideon Randales

DEC 03 1987



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

CERTIFICATE OF DEATH

	PEG. NO.	3	7	1	9	6
7	DEATH HOUSE		DAV	WE AD	41 110110	_

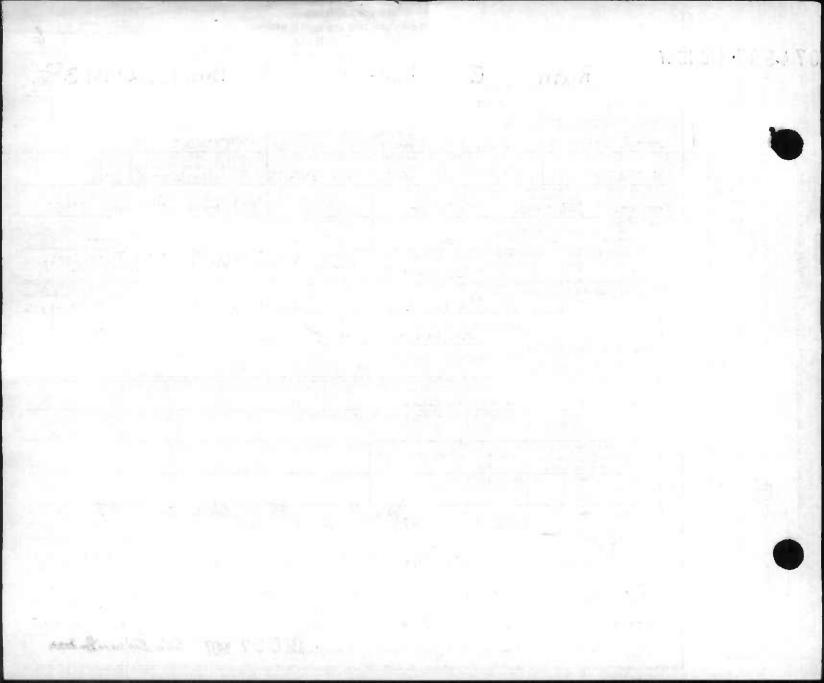
1	1-	STATE REGISTRAR		DEI ARTI	CERTIF	ICATE OF DEATH	J REG. N	o. 3 ?	7	96		
1		OR PRINT)		DDLE	T .	ast DW	20 DATE OF DEATH Decem	honth DAY	YEAR 26	350		
ł	3. SEX		I. RACE	- /	S. DATE C	F BIRTH 6	AGE (IN YEARS LAST BIR	THDAY) IF UNI	DER I YEAR IF	UNDER 24 HRS		
		Female	Whi	te	02	01 1913	74 YRS. MONTHS DAYS HOURS					
1		RTHPLACE (STATE OR FOREIGN :OUNTRY)		HAT COUNTRY?	8. MARRIEI	NEVER MARRIED	BALTIMORE CITY O	_	DEATH			
		aurel, Delaware	U.S.A.	+	WIDOWE	DIVORCED	WICOMIC			MD.		
	SA	LISBURY	RIVER	FACILITY, GIVE STREET	AANOI		OME Reg		DUSTRY	BUSINESS OR		
	13u. S	aryland Wicon	TY	NE RESIDENCE BEFORE 30 CITY OR TOW Salisbury	/N	YES NO	old Ocean	ad 2	1801			
1	14. FA	THER'S NAME PIRST OSCAT -	NIDDLE	Evans		15. MOTHER'S MAIDEN NAMI Fannie	WIDDLE		rdrey			
/	160. W	VAS DECEASED EVER IN U.S. ARA (IF YES, GIVE	MED FORCES? I	66. SOCIAL SECU 222-16		Route #1 Ro	Carolyn P ^{DRI} ckwalkin Ro	Phillips (pad, Hebro	Daught on, Md	er) 1830		
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI Conditions, if ony, which	CAUSE (a)	Lar Ciù	oma	of Breass	f with	with APPROXIMATE IN BETWEEN ONSET IN 3 1/2				
	7	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	Λ	DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE OR CON	DITION GIVEN IN	N PART Tra			
7	CERTIFICATION	190 DATE OF OPERATION		CLIVOSU ION FOR WHICH		N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF	S USED F DEATH?		
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA: (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF HOUR A.M	MONTH D	AY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM IB PART 1 C	ORPART 2)			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O	F INJURY IT, FACTORY, OFFICE, F	FARM, ETC)	21f LOCATION STREET	CITY OR TO)WN (COUNTY	STATE		
		22a. I certify that (this hospital) attended the deceased from 19 85 to 10 7 19 87, that (we) last saw the deceased alive an 10 10 2 19 871 and that in (mag) (our) opinion death occurred an the date and hour and from the couses stated above, (we) (did) (did not) view the body after death.										
		276. SKHALUH	12/2	3NED 2/87								
		77HOMAS C	Hill .	JR		Piñe Bluff	- Road,	Salishu	RY.	Md.		
	23a. B	urial, cremation, removal SPE BULIA	12/5/19			EMETERY OR CREMATORY		, Wicomi				
	24 FU	Hölloway Funer	al Home,	P.ADDRESS	alisbur	y, Maryla CEC	0°7 BY BEG TRAR	b legis , A.	SIGN	leas.		

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTO should be detached for with the Stote Dept. of 1 IMPORTANT, If him

injury, or other traumotic event, the

FOR STATE



	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLA EALTH AND M ICATE OF D	ENTAL HYG	IENE 3	REG. NO	3	7	200	9	7
	{ 1YPE	CEASED NAME OR PRINT)	CLARA B.				scher	December 12 2 8					2b. HO	UR 12 M	
- 1	3. SE	EC -8 87 F		race W	1.3 6	S. DATE C		YE AR	6 AGE (IN YEA		(DAY)	IF UND	DAYS	IF UNDE	R 24 HRS MIN.
1		RTHPLACE (STATE OF OUNTRY)		U. S	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVERM	ARRIED ORCED	9 BALTIMOR Wicomio	E CITY OR		Y OF D	EATH		MD.
7	Sa	ty or town of de Lisbury	N OF DEATH 11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General H					(TYPE OF WORK FOR MOST OF WORKING LIFE					126 KIND OF BUSINESS OR INDUSTRY		
5	13a. S	MD.	E (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISS 133). CITY OR TOWN EDEN					Хои	13e STREET AI			JC ~	2182 len,		•
1	IL FA	THER'S NAME FIRST ALBERT	WINKL	LAST		IS MOTHER'S MAIDEN NAME CLARA L. BANNISTER						ī			
2		VAS DECEASED EVEI (ES. NO OR UNKNOWN) NO	R IN U.S. ARME		166 SOCIAL SECU 218-22-		Rebecca Fisher - daughter-in-law Rt. 1 Box 46, Eden, MD.								
		18 CAUSE OF DEA PART I. DEATH V	WAS CAUSED IMMEDIATE	BY: CAUSE (a)		ATOR	-Y FA	ILUR	E				APPROXI BETWEEN	MATÉ INT	RVAL D DEATH
		gave rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) COPD													
_	NOIT	PART 2 OTHER SIG											PART 1		
1	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FO				HICH OPERATION WAS PERFORMED				NO 🗆	IN CERT	YES	CAUSES		TH?
1	MEDICAL CE	210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH	CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR					RED (ENTERNATE	RE OF INJURY	r IN ITEM IS	PART 1 O	RPART 2)		
-	WED	21d INJURY OCCUI	VHILE	21e PLACE (DF INJURY EET FACTORY OFFICE, E		211 LOCATIO STREET			CITY OR TOW			OUNTY:		STATE
		220 I certify that (sow the decea above, (1)/(we)				<u>دی</u> . ۱۰	nd that in (mg)		deoth occurred	an the dat				couses s	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR should be described for with the Stole Dest of He IMPORTANT If them 21

Removal 12-3

74 FUNERAL DIRECTOR
State Anatomy Board

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

ROBERT ALLEN

236 DATE

Balto., Md.

220 ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

STATE

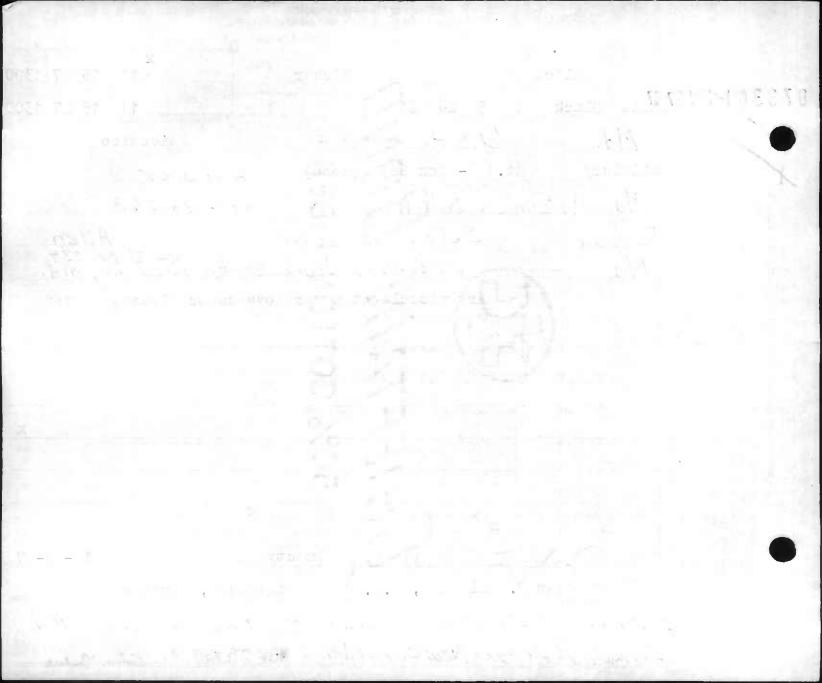
ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

23d. LOCATION CITY OR TOWN

560 RIVERSIDE

77 =

	1	FOR		DE		ATE OF MARY		VOIENIE			
	1-	STATE			PARTMENT OF				W. 100	9 4 51	
	1.5	REGISTRAR CEASED NAME	FIRST		CAL EXAMI	NEK'S CEKI	IFICATE O		REG. NO.	7	Ü
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7 3 20 PENIN	1 37	97 A NACE		ATE OF BIRTH	6. AGE (IN		YR. IF UNDER	24 HRS. 2c DATI		H DAY YE	AR 2d HOUF
30000	1	emale Bla				YRS.		DEAL	11	15198	
2000年を目的つ		METHPLACE INTATE OR	7b. C	ITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRI	ED 7. BALTIA	AORE CITY OR COU	NTY OF DEATH	1
9 9 5 5	>	MA.	1.00 LU	4.5	. H.	WIDOWED D	DIVORCE	ED 🔲	Wicomi	CO	MD
CABENAL CO	10.0	ITY OR TOWN OF DEAT			AL, NURSING HO		STITUTION	12a USUAL OCCL	PATION TYPE OF WOR	K 126 KIND OF	BUSINESS
A POATS	1	Salisbury	F	{t.1 -	Box 66	3 (hom	e)	Lab	orev	OK II VOC	/3161
E SENTE	U80	AL RESIDENCE (IF IN NUR	SING HOME OR OTHE	R INSTITUTION, GIVE RE	ESIDENCE BEFORE ADMIS	SION)	NSIDE CITY LIMITS?	LIA. EXPERT APPR			. 0 01
D. 21201 I. IF ANY DELAY IN. 2. AND 310 THE P. 2. AND 310 THE P. 2. SHOULD BE FILED ALKECORDS (201 W	130.	14/4	Wicon	nica I	Mish		NO:	13e SPREET ADDR	Ry lala	2 2	1801
	14. F	ATHER'S NAME			411504	15. M	OTHER'S MAIDE	N NAME	LAVOV		
	/	Joshua	MIDO	5	el by		1100		MIDDLE	A 112	-
O O O O O	160.	WAS DECEASED EVER I			66. SOCIAL SECUR	ITY NO. 17 IN	IFORMANT	10	ADORESS	0 23	1
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· · · · · · ·		18 CAUSE OF DEATH	d (Enter only one			08/10	I ULICS I	Diane,	Snow H	APPROXU	MATE INTERVAL
		PART I DEATH WA	S CAUSED BY:	Art		erotic	Cardio	vascula	r Diseas	BETWEEN O	ars
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	Z	PART 2 OTHER SIGNIFICANT	COMPLIENS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NOITION GIVEN IN PAR	tt 1 (a).			
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NOF NOF THE WILLD BUILD		UNDERLYING O		HOUR A.M. M	JURY IONTH DAY YE.	AR Z1c. HOW IN	IJURY OCCURRED	D JENTER NATURE OF IN	UURY IN ITEM 18 PART 1 OR	PART 2}	
NO THE TOTAL	1 5	CONTRIBUTING	AUSE OF DEATH		19						
DIVISION OF VITAL R THIS CERTIFICATE SHOULD RWARDED TO THE CHIEF PAGE 3 SHOULD BE USED STATE DEPARTMENT OF HE C. 21201 PRIOR TO BURIAL,	MEDICAL	WHILE NOT V		STREET, FACTORY	NJURY (AT HOME,	211. LOCATIO	N	CITY OR TO)WN	COUNTY	STATE
_ # ≥ ₹ \ Z	1	AT WORK AT WO		<u></u>							
DIVISIC DIVISIC DIVISIC DATE, WHITING FORWARDED T FORWARDED T FORWARDED T FORWARDED T OR: PAGE 3 SH HE STATE DEPA ND, 21201 PRIC		220 I certify that I t	taak charge af th	ne remains describ	ed abave, held an	Autopsy], Inspection	X Inquiry	X and in my	apinian	
NO PETE		death resulted fram:	Natural cau	ses X Ac	cident .	Suicide , I	Hamicide .	Undetermined m	onner .		
KAN KERTIN		_				TI	TLE (SPECIFY)		_		
A POPULAR		ACTUAL SIGNATURE	John	50	Sulls	RAMA	Deputy	MEDICAL EXA	DAT WINER SIG	E 11-	15-87
SEA SET SE	7		0						VIII - 210	100	
W C W C W C W C W C W C W C W C W C W C	4.	EXAMINER'S NAME (TYPE OR PRINT)	John I	. Bulke	eley, M	.D. ADDR	ESS Sali	isbury,	Marylan	d	
TO MEDICAL EXAMINER: THE ERFIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; PAFIER DEATH, WITH THE STA	23a.	UNIAL CREMATION RE	MOVAL 23b. DA	VTE.	23c NAME OF C		MATORY	23d JACATION		QUNTY	1
07/84 BP		Surial	1/-	21-87	Selby	Fam. +	10+	FUCOM	ske 1	or.	MI
25M DHMH - 17	24	UNERAL DIRECTOR	1, 1	4	1 1	1.1		EC'D. BY REGISTR	AR 256 REGISTRAR'S	SIGNATURE	
(VR A15 ME (5))		Darrel	H. Su	MADDRESS	lew Chi	urch. Va	MOV	25 1987	11: 10		
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DHMH - 16 50M 1/81 (VRA 15, 4)

7	3	2.8	7	MΩ	V 2	1 - 87	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL F ICATE OF DEATH	HYGIENE REG. N	o. 13 a	7 1	9 9
, ,	U	2 0	- 8		I fin (CEASED NAME FIRST		MIDDLE	١	AST	20 DATE OF DEATH	MONTH DA	YEAR	26 HOUR
		ě	oge 3	0		(179)	JAMES	T.		FIS	her	~	OV. 15	87	8 AM
		may	00	o o	-	3. SE		4. RACE		5. DATE		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
		4	rector	0	Long	1	Nale	white		Aug		7 73	YRS	ONTHS DAYS	HOURS MIN.
		Pag	dire		i	7a. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	1		9 BALTIMORE CITY O		OF DEATH	
		deoth. Page	eral	7/	2		est Virginia	USA		WIDOW	D NEVER MARRIED				a MD.
			e fune				TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	Wicomico 12º USUAL OCCUPAT			F BUSINESS OR
_		after	ŧ.	S De la)	_	2 . 1		CH FACILITY, GIVE STREET			(TYPE OF WORK FOR MOST OF Handyman	OF WORKING LIFE)	INDUSTRY	
2120	2	Surs	i b	0	0	USU	AL RESIDENCE OF NURSING HOME	OR OTHER INSTITUTION	Ila Cener	ADMISSION)	spital			200	-
00	2	24 hours		0	To a second	13a. S	STATE 13b. COL	INTY	13c. CITY OR TOW	'N	136 INSIDE CITY LIMITS		0	000	·
4	5	c c	lely fill	S	D. Committee		ryland Wi	comico	Hebron		YES NO	NAME	nurch	Stre	et
ADV	2	within	plete	9		1	FIRST	MIDDLE	LAST		FIRST	MIDDLE		LAS	
A		red	dwo	0	X C		Arthur	F.	Fishe		Mary	H.		Radd	Radar
RAITIMOBE	2	2	7	6	0		VAS DECEASED EVER IN U.S. A	RMED FORCES? FIVE WAR OR DATES)	16b. SOCIAL SECU		17 INFORMANT	19456 01		11 R	had
1		2	0 0	2	E/	_	VOC I	W2	234-14	<u>-960:</u>	Donna Whi	te	7 /	20022	
AA	4	# D	11	10 10	5		18. CAUSE OF DEATH (Enter	only one cause pe	r line for (a), (b), an	d (c).)		Oznej/ in		BETWEEN	MATE INTERVAL ONSET AND DEATH
1		ž.	4	ewe.	Ē		PART I. DEATH WAS CAUS	ATE CAUSE (0)	RESPIRA	TORY	ARRES	7		ļ	
2		5	# 1	0.0	Ĕ.			DUE TO.	OR AS A CONSEQU	ENCE OF					
ECT	G	10.00	ŧ:	tion,	5		Conditions, if any, which	(b)_	PNEVI	100	1 18				
0		ž.	-	1			gove rise to immediate cause (a), stating the	DUE TO	OR AS A CONSEQU	ENCE OF					
3		Z	100	Λ			underlying couse last.	(c)	cofL					1	
20	,	63	90	櫾			PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
000	è	1		9	8	o N	Poss	BLE	LUNG GA	PUE	1				
Š	3	3	bee	Prio .	à C	CA.	19a DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDI	
9	4	he lo	hos	e de	S O	CERTIFICATION						YES NO	YES		NO []
715		Z ∨	cote		S	E.	210. ACCIDENT WAS UNDERLYING		OF INJURY	AV VEAD	21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)	
i c	5	PHYSICIAN:			E	¥	OR CONTRIBUTING CAUSE OF C	EAIH	P.M.	19					
2	5	14SI	2	- 0 -	5	MEDIC.	214 INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	2)4/8/	COUNTY	STATE
MODE OF VITAL BECORDS AND SECTION	2	G Protein	+ 1			E	WHILE NOT WHILE AT WORK	(AT HOME S	TREET, FACTORY, OFFICE.	ARM, ETC)	SIKEEI	CHTORIC	, with	COOKIT	STATE
č	5	Zo	Aft	alth a	Borked		22a. I certify that (1) this has	pital) attended t	he deceased from_		NOV. 5 19 8	7 10 N	N. 15	9 4)	that ((we) lost
		ATTEN	0	f He	2		sow the deceased alive	on	JOV: 14 19 8	7_,0	nd that in (my) (our) opin	поп death accurred on the d	ote and hour	and from the	couses stated
			EC	p t	EeB		obove, (V (we) (did) (did)	not) view the bod	y after death.		DEGREE			22c. DATE	
		L OR	0	e De	E		De st	ree		311	ATTENDIN	G MEDICAL STA	FF CIANI	11/	15/82
		PITA	ERA	Stat	2	1	22d. PHYSICIAN'S NAME ITYPE	OR PRINT)		/	22e ADDRESS	O DIKECTOR D PHISH		1 // /	
		10Sp	N.	the the	OK PAC		ROBER		LEN		560 RIVE	ESIDE DR.	CALL	10,10-	20
		O E	0.	thou the	¥ /						1220 1100.	Dr. 1	J PTV 1	1000-1	

23a. BURIAL, CREMATION, REMOVAL Cremation

23b. DATE 11/16/87 231. NAME OF CEMETERY OR CREMATORY Salisbury Crematory

y Salisbury Wicomico Md.

24 FUNERAL DIRECTOR
Sources Pocomoke City, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

074678 DEC

DECEASED NAME

4. RACE

MADOUR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH 26 HOUR Nov. 29, 1987 ER TEND 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR 01 - 12 - 50 YEAR 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION PREDE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) INDUSTRY Deer's Head Center 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS 15. MOTHER'S MAIDEN NAME MIDDLE 17 INFORMANT SECURITY NO.

18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	Due To, OR AS A CONSEQUENCE OF	enal Synd	Sept. 1986
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A CONSEQUENCE OF		
PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing to death</u> but not related to the ter	MINAL DISEASE OR CO	NDITION GIVEN IN PART 110
190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M. 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE

saw the deceased alive on 11-29 above, (I) (we) (did) (did not) view the body after death. and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS

Deer's Head Center; Salisbury. Md. 21801

24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23a, BURIAL, CREMATION, REMOVAL

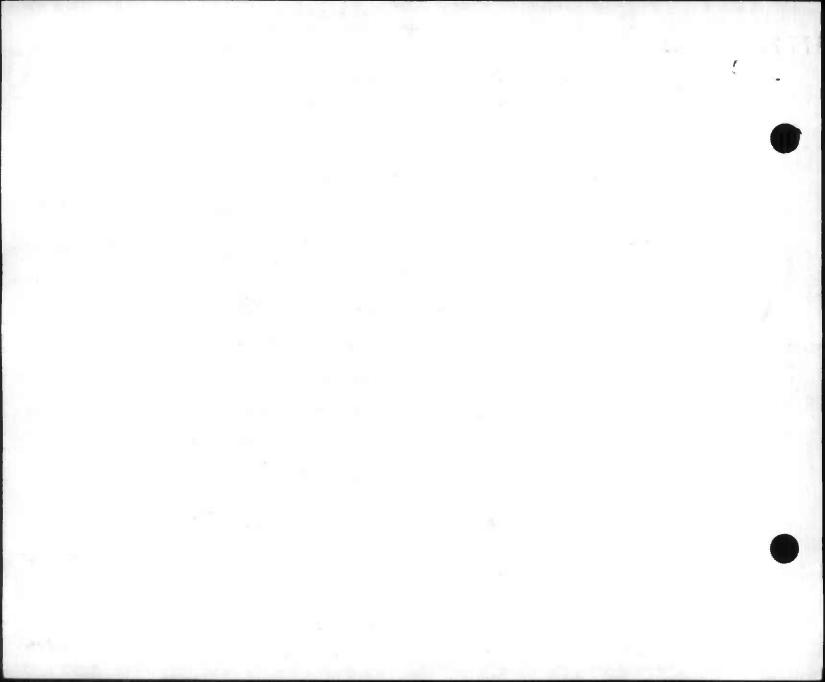
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	FOR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG	HENE
8200 JAN 134	STATE REGISTRAR		CERTIFICATE OF DEATH	8 /REG. NO. 3 7 2 0 1
	DECEASED NAME FIRST (TYPE OR PRINT)	Clinton	Gänster GANSTER	DECEMBER 26, 1957 0700m
tor, page 3	3. SEX	4 RACE	5. DATE OF BIRTH 05 13 DAY 1905	AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 MRS. MONTHS DAYS HOURS MIN.
8 25 0	Male M. BIRTHPLACE (STATE OR FOREIGN	White	05 13 1905	9. BALTIMORE CITY OR COUNTY OF DEATH
deoth. Pe	Marysville, Penns	ylvania U.S.A.	MARRIED NEVER MARRIED WIDOWER DIVORCED	Wicomico MD.
offer of the f	Salisbury	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Peninsula Genera	HOME OR OTHER INSTITUTION DEPRESS HOSpital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
AND 2120	Maryland Wor	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE, NTY 136. CITY OR TOWN Cester Berlin	YES NO	13e STREET ADDRESS 3026A Ocean Pines 21811
MARYLAND red within 24 ompletely filler ond 2 should	Joseph	MIDDLE Ganster	15. MOTHER'S MAIDEN NA FIRST Louie	Clouser
TIMORE,		RMED FORCES? WE WAR OR DATES) WIII 182–32-	-3993 Same as #13	Barbara Pox (Daughter)
W. PRESTON ST., BALTIMORE, of the death certificate be executed the option of the option of the certain of the option. For the option of the o		nly one couse per line or (o), (b), ond ED BY: ITE CAUSE (o) ARK I	JON THE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 es the pleo uriol,		DUE TO, OR AS A CONSEQUED (c) CONDITIONS CONTRIBUTING TO D		AINAL DISEASE OR CONDITION GIVEN IN PART 110
BE Deer Think The Prior	19g. DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH (DPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
UISION OF VITAL R D PHYSICIAN: The Intending physicion. Ber this certificate has the buriol-fronsit per and amount Hygiene and Amount Hygiene (and or frem 18 shows		AIR	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISION O DING PHYSIC or ottending After this cer is os the burio oith and Ment morked or the	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED **WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM. ETC) 211 LOCATION STREET	CITY OR FOWN COUNTY STATE
ATTENDING Hospital or o hospital or o secTOR: After for use as pt. of Health or of Health em 21 is morted.	sow the deceased alive a	of the body ofter death.	, ond that in (my) (aur) opinion	death occurred on the date and hour and from the couses stated
Che ho	Paul Rof	lung		MEDICAL STAFF DIRECTOR PHYSICIAN 12/26/87
TO HOSPITAL retoined by th TO FUNERAL should be dete with the Stote	PACIL R	FLEURY		erside Dr. SALISBURY Md
BP	BURIAL, CREMATION, REMOVA SPECIFY) Burial			etery Marysville, Perry, Pennsylvania
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR	ıl Home, P.A., Sali	sbury, Maryland	C 3 0 1987 Julia Burdan



DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	01-	REGISTRAR JESS	ICA A	A. GIAR	DINA	CERTIF	ICATE OF DEATH	8	REG. NO	. 3	7	2	U	43
		CEASED NAME	FIRST	,	MIDDLE	l.	AST	20 DATE OF	DEATH ^	HTMON	DAY YE	R	P HOU	R
		J	ESSI	CA GIAR	DINA					11-	10-87	,	9:5	O PM
	3. SEX		1	RACE		5. DATE C		6 AGE (IN YE	RS LAST BIRTI	HDAY)	IF UNDER 1		IF UNDER	24 HRS
	FI	EMALE		WHIT	E	FEBR	UARY 8,1896	91		YRS	MONINS	ATS	HOURS	MIN.
/	7a. BIF	RTHPLACE (STATE OR FOR	REIGN 7		WHAT COUNTR'	/2 R	•	9 BALTIMOR	E CITY OF		Y OF DEAT	Н		
7		EW YORK		U.S.	Α.	MARRIE	D NEVER MARRIED DIVORCED		OMICO					440
20		Y OR TOWN OF DEATH	н 9	1. NAME OF	HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	12a USUAL O				ID OF	BUSINE	MD.
2		LISBURY		SALISBU	RY NURS	ING HOM	IE	RETTREI	BOOI	WORKING LI	ER-RE	AL	EST	ATE_
	13a S	L RESIDENCE (IF NURSING TATE IS	W COUNT	CASTLE	131. CITY OR IO		13d. INSIDE CITY LIMITS?	13e.STREET_A	DORESS / N. FJ	zip cod RANKL	IN ST	REE	TY	1980
0	II FA	THER'S NAME		NDDLE	LAST		15 MOTHER'S MAIDEN NA	ME						1.0
-	2	BASIL			EUI		SYLVIA		MIDDLE		eSCEN			
3		AS DECEASED EVER IN		WAR OR DATES)	166 SOCIAL SE		17. INFORMANT		OOPDM.		LEM L			001
1	N(0			217-22-	8102	ANGELA ROSSE	TTI WIL	MING.	ron,	DELAW			
	3.	18 CAUSE OF DEATH	Enter only	one cause per	line far (a), (b),	and ig. 1	1 1	1			BETV	FEN OF	ATE INTER	DEATH
	10			CAUSE (a)	myes	Digel	heur I	adie	el			10	ca	-
				DUE TO, O	R AS A CONSEC	UENCE OF	7 - 1		1 1	1,				
		Canditians, if any, v		((b)	auto	WALLE	wer Curan	Mesal	4.41	Jem	- 0	160	co	
		gave rise to immer cause (a), stating		DUETO	R AS A CONSEG	HENCE OF								
		underlying cause		(6)	N AS A CONSEG	OLIVEE OI								
		PART 2. OTHER SIGNIE	SCANT CO	ONDITIONS CO	TRIBUTING I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	OR COND	ITION GI	VEN IN PAR	er fra		
	8	aman	12	of rett	40 Alla	osis								
1	AT	19 VATE OF OPERATIO	0	9b. COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOR	25Y2		S, WERE FI			
	CERTIFICATION							YES 🗆	поп		FYING CAU ES □	JSES C	OF DEAT	
7	188	21g. ACCIDENT WAS UNDER	LYING	21b. TIME O	FINJURY		21c HOW INJURY OCCUR					1 2)	L	3
1	1.75	OR CONTRIBUTING CAL		"	M. MONTH									
	WEDICAL	(IF EITHER NOTIFY MEDICAL		P.		19	211 LOCATION							
	NE NE				PEET FACTORY, OFFIC	E FARM ETC)	STREET		CITY OF TOV	٧N	COUNT	4	S	TATE
		WHILE NOTWHILE				11	22	1		-10	-	,—		
	Н	220.1 certify that U (t)		al) attended th		07	19 8	, to		-10	19.6		at (1) (=	
	П	above of the	dive on	the body.	etter gratte.		nd that in (my) (aur) apinian	death accurred	an the da	te and hav	ur and Iram	the co	ouses sto	ıted
		226. SIGNATION	1/	10.0	1/0		DEGREE				22c D	ATE S	IGNED	
		1400	10	11100	18	1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFI PHYSICI	IAN []	11	17	18	/
1		22 PHYSICIAN SALAN	MANERY OF	rest:	0		22e ADDRESS					-		
	1	EARL M. BE	ARDS	EV. M	D		RT. 50 & CIV	ITC AVE	CAT	TCDIT	N V	D		
	23a. B	URIAL, CREMATION, RE		23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d, LOCAT		TODUE	CY _ IVI.	1/4		
		URTAL		11/14			E PARK MAUSOL		ÖDLAV	JN	COUNTY	M	APVI	LAND
	_	INERAL DIRECTOR	-	1 22, 2							TRANT SIG		-	ARNU
	L	EROY M. & R	USSE	LL.C. W	TTZKE©FI	INERAL.	HOMES B.A. Ni	DV 13	1987	Juli	a dice	PE SA	Keen	
		630_EDMONDS	UN A	VENUE, C	ATONS VII	LLE, MI	21228		1414					

filled in by the funeral director, page 3

Poges

ST	ATE	OF	M	APV	LAND	
21	MIL	U	m	ARII	LARU	,

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 -	STATE REGISTRAR	DEFAI	CERTIF	ICATE OF DEATH	8	REG. NO	3	7 2	0 3
4	TYPE	VERN	ON O.	1	JIFFIN	20 DATE O	F DEATH M	1 7	DAY YEAR () 1987	7 5.45 A
	3. SEX		white	S. DATE O		2	YEARS LAST BIRTH	YRS	IF UNDER I YEAR	IF UNDER 24 HRS
	a	OUNTRY) WEST VIRGINIA	76 CITIZEN OF WHAT COUNTS	WIDOW	DI DIVORCED	W	ORE CITY OR	ILD		MD
	S	ALISCUPY	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH PICHTY GIVEST	REET ADDRESS)	OR OTHER INSTITUTION	Ret Ret	RK FOR MOST OF	WORKING LIF	126 KIND C INDUSTRY	Teacher
	13a. S	TATE YAND 136 COUNTY			13d INSIDE CITY LIMITS? YES NO	301	ADDITESS /	ZIP GODE	Ave	21801
0		ther's NAME FIRST	MIDDLE GLAST	FIN	Ninni	-	3CZL ADDRES		No5	TEAD
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE VE WAR OR DATES) WALV 217-10	1-5691	SERVICE	E.G	IFFIX	/, }	JAM C	3c
		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), DBY: TE CAUSE (o)	Since	AYYOK-				BETWEEN	XMATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which	DUE TO, OR AS A CONSE		Kirmy de	sini	, hip	hroh	ic syr	7-
		couse (0), stofing the underlying couse lost	DUE TO, OR AS A CONSE	Sht	chain My	Nom	LO.			
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	JO DEATH BUT	MOT RELATED TO THE TERM		SE OR COND	ITION GIV	EN IN PART 1	10
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	YES [OPSY?		S, WERE FINDI FYING CAUSE: S []	
		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER N	IATURE OF INJURY	TIN ITEM 18 P	PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFI	ICE FARM ETC)	211 LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
		saw the deceased alive on	ital) attended the deceased from 12/30 10 to view the body after death.		nd that in (my) (our) opinion	deoth occurr	red on the do	te ond hou		
		226 SIGNATURE	Sam,	M		MEDICAL DIRECTO			12- DATE	30-198
		JOSEPH Z.	BADPOS		813 B. EASTER	N Sho	re Dr.	SAL	isturi	y, mo
	23a B	BURIAL, CREMATION, REMOVAL	23b DATE /-/-88	WILOI	CEMETERY OR CREMATORY MILO MCH PAI	K SA	Lisco	ny L	UKOM	ico Mo
	24 B	AKEN BOU	NOS SALIDORE	\$ bung	(M) JA	TE REC D. BY	988	Y REG	RAPSSIGN	September 1

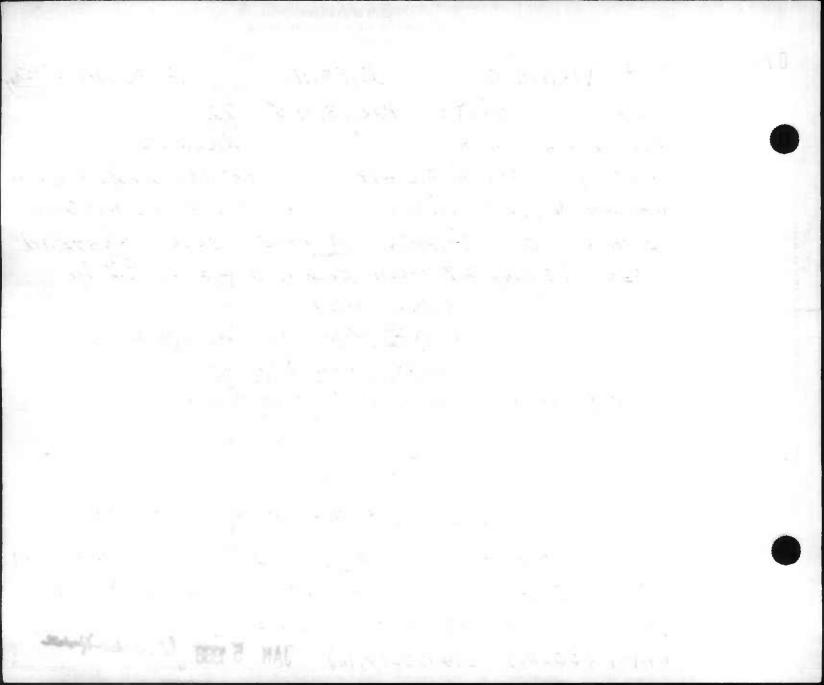
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DHMH - 16 60M 7/84 (VRA 15, 4)

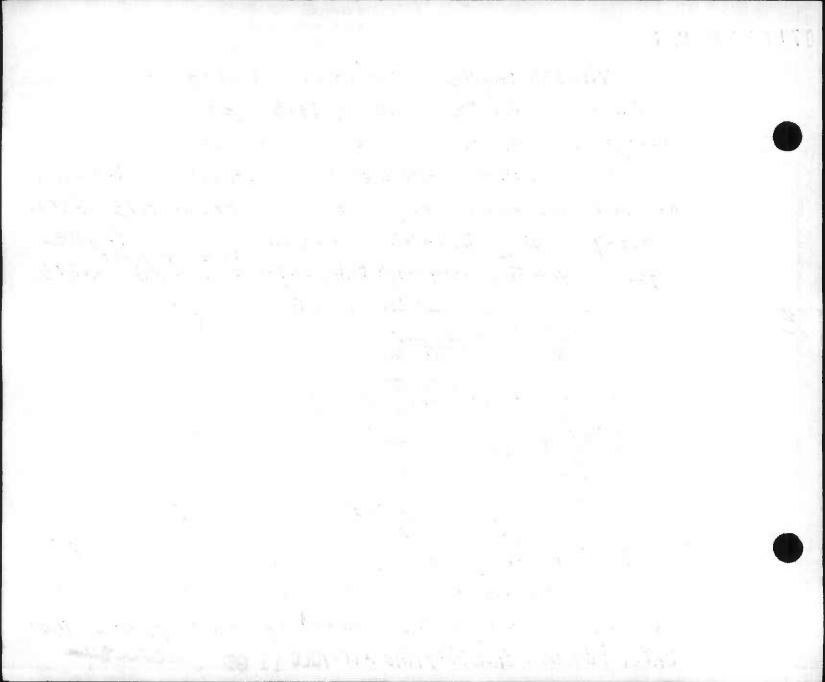
BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the oritinal should be detached for use as the burial-transit permit. Then please remained with the State Dept. of Health and Mental Hygiene prior to burial, crematinal

IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other trou



DHMH - 16 60M 7/84 (VRA 15, 4)



7439	O DEC -) \$]				DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	IYGIENE		2	100			
			REGISTRAR						8	REG. NO	15	1	di	U	3
	m.e		OR PRINTS	FIRST		MIDDLE	امر	AST #	2a. DATÉ O	FDEATH MO	NTH C	YAC	YEAR	26 HOU	-
y be	deoth deoth		HC	WARD	EARSK	INE	61	MAS			2	3	87	10	AM
woy	after d	3. SE			4. RACE		5. DATE C	DAY YEAR		YEARS LAST BIRTHD.		IF UNDE	R I YEAR DAYS	IF UNDER	24 HRS
ge 4	ors al	-	Male		White		Feb.	14, 1923	64		YRS.				
eoth. Po	in 72 hou		RTHPLACE (STATE OR COUNTRY) Tida	FOREIGN	USA	what country	MARRIE	A -A	- Wicon	ORE CITY OR C	COUNTY	OF DE	ATH		MD.
i o	iled with		ty or town of deal	ATH		HOSPITAL, NURSI WILOMY CEME		spital		OCCUPATION RK FOR MOST OF W Enter		E) IND	KIND OF USTRY Uild		ESS OR
212 hour	5 8 P	USU. 13a S	AL RESIDENCE (IF NUR	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFO		1 13d INSIDE CITY LIMITS	2 13e STREET	ADDRESS / Z	IP CODE				
24 24	The state of the s	Ма	rvland	Worce		Newark		YES NO X	RR 1			218	41		
this can	2 ss		THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE			LAST		
MARYLAND	de de	De	nnis		E.	Gle	nn	Beulah		E.			Wy		
ORE, A	000		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SEC	URITY NO.	17_INFORMANT	I	OADDRESS BO	x 85				
TIMO be ex	Poges		YES	(IF YES, GIV	E WAR OR DATES	262 22	7166	Howard Glen	n Jr.	Gird	letr	ee,	MD	218	329
BALTIMORE,	pers.		18. CAUSE OF DEAT PART I. DEATH W	H (Enter or	nly one couse per	line for (a), (b), a	nd (c).1		9%			8	APPROXIM	MATE INTER	RVAL DEATH
: :	physic n pope movol vent, t		PART I. DEATH W		D BY- TE CAUSE (0)	cordi	a.c.	arker thm	la						
N ST	ding or re ofice			ir arcedin	1	R AS A CONSEOL						T	-		1
ESTO deoth	ottendin ove corb fion, or oumotic		Conditions, if ony	, which	((b)	hyp	otho	muga					6-1	2/	ruws
the the	by the o ose remo II, cremot other tro		gove rise to im- couse (o), statii underlying couse	ng the	DUE TO, O	R AS A CONSEQU		atery	dianas	C					
RDS, 201 W	gned n ple burio ry, or		PART 2 OTHER SIG	VIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEAS	SE OR CONDIT	ION GIV	ENINI	PART IIo		
RDS equi	The The inju	ō	cm	shys	ema										
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir	ote hos been nsit permit. I ygiene prior shows only i	CERTIFICATION	19a DATE OF OPERA	TION /	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES [106. IF YES N CERTIF YE				TH?
VIT.	certificate priol-transi entol Hygi (tem 18 sh	1 8	21a. ACCIDENT WAS UN	-	21b. TIME C	OF INJURY .M. MONTH [DAY YEAR	21c HOW INJURY OCC	URRED (ENTERN	ATURE OF INJURY I	N ITEM 18 P	ART 1 OR	PART 2)		
O P	certif certif kentol ltem	Z Y	OR CONTRIBUTING		ALIA .	м.	19						4		
IVISION OF VII IG PHYSICIAN: offending physic	s the burn ond We	MEDICAL	21d INJURY OCCUR	RED		OF INJURY REET, FACTORY OFFICE	FARM ETC)	211_LOCATION STREET		CITY OR TOWN		(0	YTHU	5	STATE
PIVI ENDING	Se o Se o To	ı	220.1 certify that	(this hosp	ital) attended th	ng-deceosed from	/2	19	. to	12/	3	19 8	7	hotili	we) lost
TTEN	for u		sow the deceos obove (1) (we)	ed alive or	12	ofter death	87.0	nd that in my (our) opin	ion deoth occurr	ed on the dote	and hou	r ond le	om the c	ouses str	oted
OR A Pose	REC hed ept.	1	276 SIGNASHRE	70)		DEGREE				22	c. DATE	GNID	
TAL O	RAL D detocl tote D		U	iles	3/	rules		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	и 🗌		12/.	3/8	7

DHMH - 16 60M 7/84

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BURIAL 11/7/87 74 FUNERAL DIRECTOR
W. Kirk Burbage 108 Williams St. Berlin, MD DEC

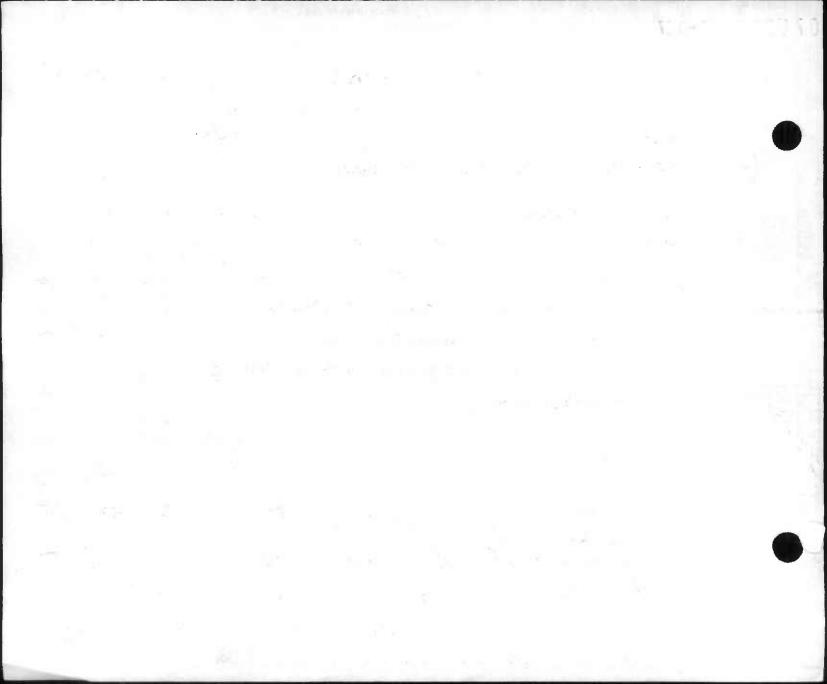
23b. DATE

231. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery

23d LOCATION
Berlin Word
REC'D. BY REGISTRAR 256. RE

Worcester

rcester Maryland



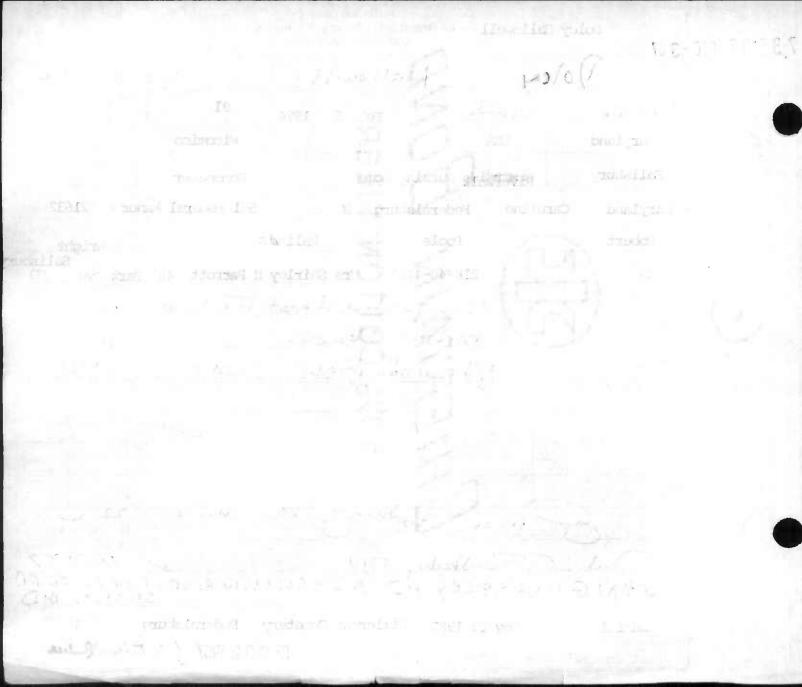
ST	ATE	OF	MA	RYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

073515 DEC-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	7 8 6
013313 000	PEG. NO.	NONTH DAY YEAR 126, HOUR
6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(TYPE OR PRINT) LOIS KATHRYN GRAN	730
moy be poge 3	3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTH	
4 0,4	Female White 100NTH 15 DAY 1927 60	MONTHS DAVS HOURS MIN.
Poge hours	70. BIRTHPLACE (STATE OR FOREIGN 16. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR	
deoth.	Belmont, Ohio U.S.A. WIDOWED DIVORCED WICOMIC	o County MD.
the fu	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION	IZE. KIND OF BUSINESS OR
21201	Deers Head Center	working LIFE) INBUSTRY Printing
AND 21	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE Maryland 130 COUNTY 130 STREET ADDRESS / 213 Carewood VES \(\text{NSIDE} \text{NO} \(\text{NO} \)	ood Drive 21801
MARYLAND THE PART OF THE PART	Charles Has Haas Is Mother'S MAIDEN NAME Malest Mal	McKisson
BALTIMORE, cate by execut skicine and co ppers. Pages oct.	16d WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Mr. Clarence ADDRES 16b SOCIAL SECURITY NO. 17. INFORMANT Mr. Clarence ADDRES 13e	rant, Jr. (Husband)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certific ottending physicion. Ifter this certificate has been signed by the ottending ph os the buriol-transit permit. Then please remove carbon pi th and Mental Hygiene prior to buriol, cremation, or remo arked or them 18 shows any injury, or other traumatic even	PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) 1370 NCho Genic Carcinous of Lung DUE TO, OR AS A CONSEQUENCE OF NO Fastas is to Brain & Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDI	Spine ITION GIVEN IN PART 110
ecords ow requirements mit. Therefore to the prior to the prior to the control on the control	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? YES NO 2216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY)	20b. IF YES, WERE FINDINGS USED
ALRE loon. Hos it per lene	YES NO N	IN CERTIFYING CAUSES OF DEATH? YES NO NO
A OF VITA SICIAN: T ng physici certificansi ricol-frontsi entel Hygi	HOUR AM. MONTH DAY YEAR	IN ITEM 18 PART I OR PART 2)
IVISION G PHYS ottendin ter this c s the bur nond Me	OK CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION CITY OR TOWN	N COUNTY STATE
NDIN For After Aft	22a.1 certify that (I) (this haspital) attended the deceased from	, 19, that (I) (we) lost
ATTE sprito CTO d for of h	sow the deceased alive an	
TAL OR , y the ho xal DIRE detoched detoched or the Figure 1.1. If then IT.	22b. SIGNATURE DEGREE M. Stuestho DEGREE M. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR SPHYSICIA	
HOSPI: nined b FUNEF vuld be	22d PHYSICIAN'S NAME (APE ORPRINT) M. Shrestha M.D. Deers Head Center.	Salisbury, Md 2180
or o	230 BURIAL CREMATION REMOVAL 235 DATE 231 NAME OF CEMETERY OR CREMATORY 236 LOCATION	3
ВР		, Wicomico, Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	Holtoway Funeral Home, P.A., Salisbury, Maryland NOV 30 1987	Julia Deviden Rondald

Julia Divider Randall

	1				E OF MARYLAND		
7,3807 DEC	-3	GISTRAR	Hallowel	CERTI	HEALTH AND MENTAL HYG FICATE OF DEATH	8 RG. NO.	37207
nay be poge 3 or death		CEASED NAME FIRST	lem	MIDDLE	1 owell	20 DATE OF DEATH MONTH	Z5 87 1015 M
Page 4 may director, pag dours offer d	3 SE	× male	1. RACE	MONI	OF BIRTH H DAY YEAR Feb 5 1896	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
P. P		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	ED NEVER MARRIED	9 BALTIMORE CITY OR COU	
11100) c	Salisbury	(IF NOT IN SHE	HOSPITAL, NURSING HOME HEACHITY GIVE STREET ADDRESS) NURSING H	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Homemaker	126 KIND OF BUSINESS OR
	13a.	Taryland 13b C	ME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Federalsbur	13d INSIDE CITY LIMITS?	13e.SIREET ADDRESS / ZIP C 501 Federal	Manor 21632
1 15/15	0	Robert	MIDDLE	Poole	15. MOTHER'S MAIDEN NA FIRST Malin	MIDDLE	Wright.
on out		VAS DECEASED EVER IN U.S YES NO OR UNKNOWN) (IF YE	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 216-40-4410	Mrs Shirle	y H Parrott 40	Salisbu 6 Park Ave MD
130		18 CAUSE OF DEATH Ent PART I. DEATH WAS CA	er only one couse per AUSED BY: DIATE CAUSE (a)	Conger	Live Hear	+ Tailuxo	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4 4 3		Conditions, if any, whic	h ((b)_	R AS A CONSEQUENCE OF	Stonosis		42
that the observe of center content	1	gove rise to immediate cause (a), stating the underlying cause las	DUE TO, O	RASA CONSEQUENCE OF	ic Heart	Tiscase	422
The please	NOI	PART 2 OTHER SIGNIFICA	ant conditions <u>c</u>	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 11a
he low on. hos bit permit permit of	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATIO	DN WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
IYSICIAN: The ding physician is certificate his buriol-transit physician mental Hygier rifem 18 shown		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (OF DEATH HOUR A	DF INJURY .M. MONTH DAY YEAR .M. 19	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART ?)
ING PHYS r ottendini After this c os the bur ith and Me incrked or th	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TEND or use or use of Heo of Use of U		220.1 certify that (1) (this saw the deceased an above, (1) (we) (did) (d			ind that in (my) your) apinion	death accurred an the date and	, 19 that (1) we) last have and from the causes stated
F F P P P P P P P P P P P P P P P P P P		22b SIGNATURE	65		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
TO HOSPITAL TO FUNERAL should be der with the Store		LOAN G	BULK	ELEY MD	South SAL	ISBUTY BLUD-	SAUSBURY MD
PP		BURIAL, CREMATION, REMO (SPECIFY) Burial			lcrest Cemete	ry Federalsbu	ing county MD STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director Short Funeral	Home D	elmar, DE.	25a. DA	ECO 2 1987	GISTRAP'S SIGNAL PRE



(VRA 15, 4)

Baker &

Bounds

Salisbury

STATE OF MARYLAND

10-01111870

director, page 3 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the online should be detached for use as the burial-transit permit. Then please remairs with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

retained by the haspital ar attending physician

TO HOSPITAL

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	IFICATE	OF	DEATH	

3,8	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE	0	7 2	0
	CEASED NAME	FIRST	-	AIDOLE	L.	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HO
{ TYPE	E OR PRINT)	Virgi	nia He	elena w	*****		12.21	-87		11.
3. SE)	X		I. RACE	па	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		F UNDER 1 YEAR	IN UNDE
	D 1				MONTH		271	MC	ONTHS DAYS	HOURS
	Female		Whi	WHAT COUNTRY?	Febu	ary 15, 1905	82 9 BALTIMORE CITY O	YRS.	DEDEATH	
	COUNTRY)				MARRIE	D 🖾 NEVER MARRIED 🗆	7 BALTIMORE CITY O	K COUNTY	JF DEATH	
	West Vi		US		WIDOWE		WICOMICO			
10. CI	ITY OR TOWN OF DE	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI		126 KIND C	F BUSIN
7	Salisbury			's Head C	_		Housewif		Hom	e
13n S	AL RESIDENCE (IF NUI	RSING HOME OR C	THER INSTITUTION,	GIVE RESIDENCE BEFORE	E AUMISSION)	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 710 CODE		
ar	yland	Princ	ce Geo.	Bowie	/N	YES TX NO	1645 Pointer		r.	207
	ATHER'S NAME			Dowle		15. MOTHER'S MAIDEN NA		Ridge Di		407
٨	aron	Frank	1 in	Portone		Ella	MIDDLE		C1	
	WAS DECEASED EVE			Bowers 166 SOCIAL SECU	IDITY NO	17. INFORMANT	ADDRE	55	Cul	.p
	YES, NO OR UNKNOWN)		WAR OR DATES	150						
11	no			235-74-190	05	Nonna L. Truba	n Bowie,	Md.		
	18 CAUSE OF DEA	TH (Enter only	y one couse per	line for (a), (b), and	id (c).)				BETWEEN	MATE INTE
	PART I, DEATH		CAUSE (a)	S	20	111.			Day	S
	Conditions, if on gove rise to in couse (0), stat underlying cous	nmediate ing the	DUE TO, OF	AS A CONSEQUE	ENCE OF	id Deer	luter bel	een	Day	S
CATION	gove rise to in couse (a), stat underlying cous	mediate ing the se lost.	onditions co	ONTRIBUTING TO I	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	T20b IFXES.	N IN PART 11	NGS USE
TIFICATION	gove rise to in couse (o), stot underlying couse	mediate ing the se lost.	onditions co	ONTRIBUTING TO I	ENCE OF	requie-	Brain	T20b IFXES.	N IN PART 100 WERE FINDIN	NGS USE
CAL CERTIFICATION	gove rise to in couse (o), stot underlying couse	mediate ing the ing	ONDITIONS CO	ONTRIBUTING TO E LULU THOM FOR WHICH FINJURY M. MONTH DA	DEATH BUT	requie-	Brain 700 ALITOPSYY YES NO (X)	201 IF YES, IN CERTIFY YES	WERE FINDING CAUSES	GS USE
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	PART 2 OTHER SIC	INTERCENT COLLEGE AT ION NDERLYING CAUSE OF DEAT CAUSE OF DEAT CREED WHITE CORR CORR CORR CORR CORR CORR CORR COR	ONDITIONS CO WELL 11b. TIME O HOUR A. 11c. PLACE (AT HOME, STR	ET, FACTORY, OFFICE, F	DEATH BUT OPERATION AY YEAR 19	71c HOW INJURY OCCURI	70s AUTOPSYY YES NO X RED (ENTER NATURE OF INJU	206 IF YES, IN CERTIFY YES	WERE FINDINING CAUSES COUNTY	NGS USE OF DEA NO [
	PART 2 OTHER SIC 190 DATE OF OPER. 21d. ACCIDENT WAS UI OR CONTRIBUTING [IF EITHER, NOTIFY MEE AT WORK AT NOTIVE 220.1 certify that	INDERLYING CAUSE OF DEAT DICK ALEXAMINER) RRED ONR () (this hospite)	21b. TIME O HOUR A. 21c. PLACE (AT HOME, STR	DITRIBUTING TO E LULU TION FOR WHICH FINJURY M. MONTH DA OF INJURY EET, FACTORY, OFFICE, F e degeosed from	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.)	71c HOW INJURY OCCURI	TOS ALTOPSY VES NO IN RED (ENTER NATURE OF INJUI	20b IF ZES, IN CERTIFY YES RY IN ITEM 1B PAR	WERE FIND IN ING CAUSES COUNTY	OF DEA NO [
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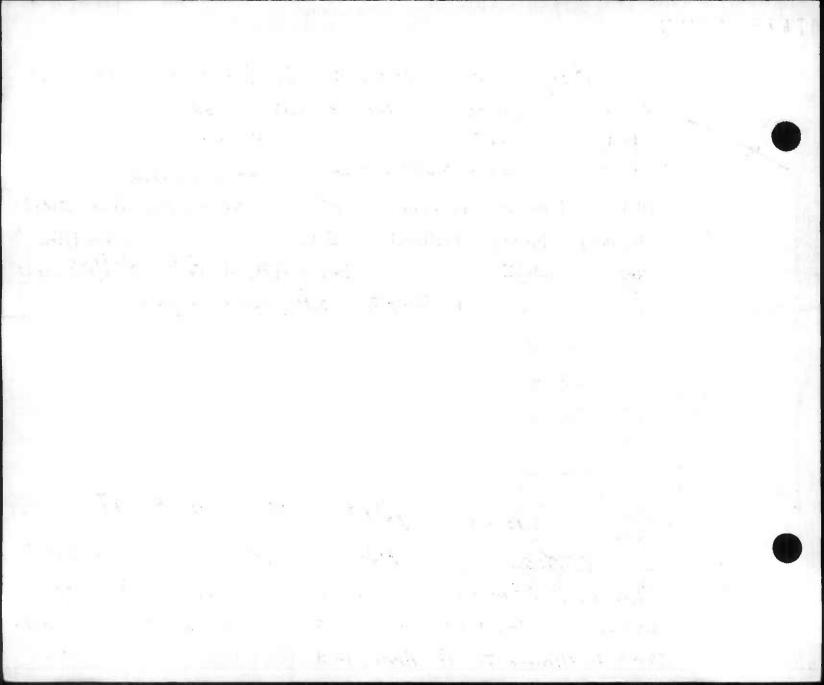
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EAS PUR PETROS	3 SE	(S. DATE C	F RIPTH	ь.	6 AGE (IN			ings	UNDER 2	24 LIDS	2c. DATI		MONTH		190 YEAR	2d HOUR			
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RANGE SESSION OF THE	FC	RTHPLACE (S PREIGN COUNTRY) aryland			U. S. A. WIDOWED DIVORCED								AORE CIT	YOR COU	NTY OF	DEATH	244			
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ANY DEL	13a. S	TATE ryland	[13b	COUNTY Wicor	/	other institution, give residence before admission) 13c. CITY OR TOWN Delmar					13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES 10 NO 207 E. Elizabeth St					C+	21275			
9 PARTY		14. FATHER'S NAME								_	OTHER'S FIRST					DC CII	060		,	
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ALT AAGE ISIO		es	V	ietna	am			-54-54	+74	Ga	yle	L. F	lasti	ings	(s	ame as above)				
· E . S . O		18 CAUSE C	F DEATH (E	nter anly	one cous	e per line				1	~						BET	PPROXIMATE	INTERVAL	
ON ST., 24 HOUR ITEM 18. ONG W PERMIT SIENE, D	-	1 7411100		MEDIATE	CAUSE (-,-		bon I		X10	e Po	0180	nın	g				minu	ites	
PRESTON ST., ITHIN 24 HOUR CIL IN ITEM 18. VER ALONG W ANSIT PERMIT AL HYGIENE, D REMOVAL.		C Par-		Link	DUI	ETO, OR	AS A COI	NSEQUENC	E OF											
MER ZAN		gove ri	ns, if ony, se ta imr	nediate) (b)														
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TAL RE FOULD SD "PEI NUSED A PLE A	3	19a. DATE OF	OPERATIO	N	19b.	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?										20	20 AUTOPSY?			
£ X895537	F					L THE OF NAMES										YES NO NO				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. NER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURTH WRITING THE WORD "PENDING" IN PENCIL IN TEAT 18 FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG INTERMITED TO THE CHIEF MEDICAL EXAMINER ALONG INTERMITED THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, AND, 21201 PRIOR TO BURNAL, CREMATION, OR REMOVAL.	MEDICAL CERTIFICATION	210 EXTERNA UNDERLYING CONTRIBUTI	H	HOUR A.M. MONTH DAY YEAR								R NATURE OF INJURY IN ITEM 18 PART I OR PART 2)								
VISIO CERTI TING 3 SH 3 SH DEPA I PRIO	VEDIC	21d. INJURY	CCURRED				ORY, FARM, I	(AT HOME,	2 1 f.	OCATIO STREET	N			CITY OR TO)WN		OUNIY		STATE	
MARE Z120	-	WHILE AT WORK	AT WOR	K															J.A.L	
DIVIDED TO MEDICAL EXAMINER: THIS CEINT EXECUTE THE CERTIFICATE. WRITH PAGE 4 SHOULD BE FORWARDED FOR FORWARDED FIRE DEATH, WITH THE STATE DE BARTIMORE, MARYLAND, 21201 P		22a. I certi death result		k chorge Notural		nains des	cribed abo	ove, held an	Aut Suicide [apsy	, In:	spection ,		Inquiry	L	ond in my o	pinion			
TAL EXA THE CERT HOULD RAIL WITH, WITH RE, MAR		ACTUAL SIGNATURE	0		6	33	لمل	Meley		M.D.	Depu	ty	MEDI	CAL EXA	MINER	DATI	E 1	2-3-	-87	
MEDIC GECUTE 1 AGE 4 S D FUNEI FIER DE		EXAMINER'S (TYPE OR PRI	NT) U	ohn		Bull	kele			ADDRE			sbu		Mar	yland	l			
RUS FAS	23o. B	URIAL, CREMA Brecifyl Burial	TION, REMO					NAME OF C					CITY C	CATION			UNTY		ATE	
07/84 BP			TOP	1	.2-6-	1987	Sp:	ringhi	11 M	emor	y Ga	rden	s He	bron	Wice	omico	Mary	Land		
DHMH - 17 (VR A15 ME (5))		Short F		l Hom	ne D	e Ima	r, De	elawar	e		DEC	- 7	1987	REGISTR		STRAR	Jackson	-oned	1	
	-					-					- 4			4 11						

Autorian Editor THE LET THE STREET OF THE STRE

STATE OF MARYLAND

		1:.				TATE OF MARYLAN	ID			
074	750 DEC 1	1 87	FOR			OF HEALTH AND ME		NE		
		1	REGISTRAR		CE	RTIFICATE OF DE	ATH	REG. NO	0 3 7 7	
		1. DE	CEASED NAME FIRST	^	AIDDLE	LAST	2	DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
	noy be poge 3 er death	(TYPE	ROY	1	3. <i>H</i>	DLLAND	Sr.	DECEMI	BER 5,1987	1320M
	4 mo	3. SE	X	4. RACE		ATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRT	THOAY) IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS
	ge 4 ecto		Male	Whit	e ,	Feb. 19,	1919	68	YRS	
	1 100		RTHPLACE (STATE OR FOREIGN)	76 CITIZEN OF		ARRIED NEVER MA	ARRIED 📙 T	Vicamico	R COUNTY OF DEATH	
	Jan	1.0	TY OR TOWN OF DEATH	11. NAME OF I	OSPITAL, NURSING HO		OKCED []	20 USUAL OCCUPATION	ON 175 KIND C	MD. OF BUSINESS OR
201	by the	S	alisbury	Peninst	Ila General	Hospital		Retired Com	F WORKING LIFE) INDUSTRY	
BALTIMORE, MARYLAND 2120	filled in hould be	130. 3	- 10	nerset	13c. SITY OR TOWN	YES N	NO 🗌		eKroll Drive	21853
MARYL	100	4	Aubrey	Veuille	Holland		rst (G	MIDDLE	Mere	dith
IMORE,	1.		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES GI	MED FORCES?	166 SOCIAL SECURITY	NO. 17 INFORMAN Bessi	11.11	land Par	Pinekall Driv	12/852
BALT	rtificale h		18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS	nly one couse per ED BY:	line for (o), (b), and (c)	til a	A	a Cinom	BETWEEN	MATE INTERVAL ONSET AND DEATH
PRESTON ST.,	00000		IMMEDIA	TE CAUSE (o)	mensi	cue or	um c	2000000		
1010	death cert totrending nove carbai ation, or re- troumatic ex		Conditions, if ony, which	1	R AS A CONSEQUENCE	OF				
PRES	the death the otten remove c emotion, er troumc		gove rise to immediate couse (a), stating the	(6)		-				
- ₹	by by cr	1	underlying couse lost	(c)	R AS A CONSEQUENCE	OF			1	
5, 201	gne on pl buri	1,	PART 2 OTHER SIGNIFICANT		INTRIBUTING TO DEAT	BUT NOT RELATED T	O THE TERMIN	ial disease or coni	DITION GIVEN IN PART 1:	0
ORD		4 E	190 DATE OF OPERATION	Vin collo	TION FOR WHICH OPER	ATION WAS DEDECOR	1150	200 AUTOPSY?	206. IF YES, WERE FIND!	NGS HSED
DIVISION OF VITAL RECORDS,	9 6 6 6	CERTIFICATION	140 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPER	ATION WAS PERFOR	WED	YES NOT	IN CERTIFYING CAUSES	
ITA		CERT	218. ACCIDENT WAS UNDERLYING	216 TIME O	FINJURY		URY OCCURRE		RY IN ITEM 18 PART 1 OR PART 2)	
OF.	SICIAN ng phy certific until trem it	60	OR CONTRIBUTING CAUSE OF DE			EAR 19				
N O		MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY	211 LOCATION	٧	CITY OR TO	wn COUNTY	STATE
IVISI	DING PHI or offer this se os the boolth and I	E	MHILE NOT WHILE AT WORK	(AT HOME, SIR	EET, FACTORY, OFFICE, FARM E	(-1)	- 2		< 97	
۵	00 4 00 E		22a.1 certify that (I) (this hasp	1 -	deceosed from	sepo.	, 19_7/_	_, to	. 19	that (I) (we) last
	R ATTEND hospitol o hospitol o RECTOR: A RECTOR: A red for use ipt. of Healiem 21 is m		sow the deceased alive a obove, (1) (we) (did) (did n	ot) view the body	ofter death		our) opinion de	oth occurred on the do	ote and hour and from the	
	He he he		226. SIGNATURE	20) /	DEGREE AT	TENDING Y	MEDICAL STAR	FF _ 1-1	6-87
	HOSPITAL ined by the FUNERAL I wid be deto he the Store I PORTANT. III	1	224 PHYSICIAN'S NAME VIVE	OR PANT)	•	22e ADDRESS	Helelal 2	A 0	^	4.
	TO HOSPITAL Cretoined by the TO FUNERAL D should be detected with the Stote D IMPORTANT: If	\perp	ChARLES D.	STEG,	MAN	Mt. VEA	enon 1	RD. PRINC	PSS HWE	MD
	0 å 0 å <u>₹</u> —	23 o	BURIAL, CREMATION, REMOVA	- /	100 1	OF CEMETERY OR CR	REMATORY	23d LOCATION	COUNTY	STATE .
	BP	2	Durial	12/9	187 F	armount	101 0.77	Fairmou		My
	DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR		PORESS			REC D. BY REGISTRAR	256 REGISTRAR'S SIGNA	IUKE
	(VRA 15, 4)		Jones L. Hin	man Ji	Mr. An	ne Ma	DEC	10 1987	Fedia Davidson-H	AL PORTION AND ADDRESS OF THE PARTY OF THE P



07335

STATE OF MARYLAND

	1-	STATE REGISTRAR			DEPARTN		ICATE OF DEATH	FEG. N	10.	7 0	1 2		
0		CEASED NAME	FIRST	ME	DDLE	L.	AST	20. DATE OF DEATH	MONTH E	DAY YEAR	2b. HOUR		
1	TITPE	OR PRINT)	Helen	S.	Homr	ighau	sen	NOV.	2	4 87	9 25 M		
1	3 5EX	X		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BE			IF UNDER 24 HRS		
	1	Female		White		Dec	ember 26, 191	68	YRS.	MONTHS DATS	HOURS MIN.		
1	7a. BII	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH			
7	1	Maryland	i i	USA		WIDOWE	D NEVER MARRIED DIVORCED D	Wicomico			MD		
	Sa	alisbury		(IF NOT IN SUCH	r's Head	G HOME C ADDRESS) Cent	OR OTHER INSTITUTION	12e USUAL OCCUPAT {TYPE OF WORK FOR MOST Motel Own	OF WORKING LIFE		BUSINESS OR		
5	13a. S	AL RESIDENCE (IF P STATE aryland	181 COU		OCOR C	N	13d. INSIDE CITY LIMITS? YES NO	P.O. Box			21842		
3	2	ATHER'S NAME FIRST GOOT		ATMAN	LAST		Nellie So	Per		LAST			
200	160 V	VAS DECEASED EN YES, NO OR UNKNOWN	(IF YES, GI	VE WAR OR DATES)	216-01-8		John P. Hom Ocean City.	righousen - Maryland 2	P.O.				
		8 CAUSE OF DE	ATH (Enter a	nly ane cause per li	ne far (a), (b), and	d (c)	0 0	00		APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH		
1		PART I. DEATH		ED BY: TE CAUSE (a)	ari	ile.	Kuleusur	my Edler	un'				
				DUE TO, OR	AS A CONSEQUE	NCE OF	1 01 -	_					
		Canditians, if a	any, which	(b)	Slucen	1	ASC.V.	D .					
		gave rise to cause (a), st		DUETO OR	AS A CONSEQUE	NCE OF					4		
		underlying co	use last.	(c)									
	NOI	PART 2 OTHER S	IGNIFICANT	CONDITIONS CON	NTRIBUTING TO D	EN IN PART 110							
1	CERTIFICATION	19a DATE OF OPE	RATION	IN CERTIFY							, WERE FINDINGS USED YING CAUSES OF DEATH? S NO		
	CER	21a. ACCIDENT WAS	UNDERLYING	21b. TIME OF		Y YEAR	21c. HOW INJURY OCCUR						
	0.00	OR CONTRIBUTING	_	oin I	. MONTH DA								
	MEDICAL	21d. INJURY OCC		21e. PLACE O	FINJURY	19	21f. LOCATION						
	×	WHILE NO	WHILE WORK	(AT HOME STREET	ET, FACTORY, OFFICE, FA	ARM ETC)	STREET	CITY OR TO	OWN	COUNTY	STATE		
		-		ital) attended the	deceased fram_	112	- 15 19 8	7.10 11-	24	19 87.11	hat (1) (we) last		
		saw the dec	eased alive ar	11-	24 198	- 7 , or	nd that in (my) (aur) apınıan	death accurred an the c	late and hour	and from the co	ouses stated		
		abave, (1) (w. 22b. SIGNATURE	22c. DATE S	IGNED									
		8	+										
I		22d. PHYSICIAN'S	NAME (TYPE	OR PRINT)			PHYSICIAN [22e ADDRESS	DIRECTOR PHYSI	CIAIT	210			
1		EL	SA-	M.	GORI	15.	<u></u>	ad Center,	Salis	bury, MI	21801		
1		BURIAL, CREMATIC	ON, REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE		
	_	rial		Nov. 2		eadow.	ridge Mem. Pr				Md.		
	74 G	INERAL DIRECTOR	Kaufma	n Funeral	Home Ess		MOV	2 7 1987	GARAGIST	BAR'S SIGNATU	Legis College		
	56	95 Main	St. EU	kridge. 1	faryland	21227	7 1107	4 (1301	4				

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: II Be

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physici shauld be described for use or the bursol transit permit. Then please remove conharapter with the State Dept. of Health and Mental Physiene prior to bursol. certainlian, or removal.

in 1 m Royal . B colo

recale white coins to be a second of the contract of the contr

3. W ... C

.Arylend ocen dry x P.O. Box 122,00sec dim 21012

George Annam George John F. Bohrichousen - 1.0. lox 122

John F. Bohrichousen - 1.0. lox 122

John F. Bohrichousen - 1.0. lox 122

Filler 197, cb, b) readwings to the filler for the

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n and completely filled in by the funeral director, page 3 Pages 1 and 2 spailed be filed with m72 haurs after death

STATE OF MARYLAND

	2187	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG. NO. 1									2	1	4	
1		EASED NAME	FIRST	٨	AIDDLE	L	AST		2a DATE OF		HTM	DAY	YEAR	2b. HOU	.2	
ı	1		HENRY		R.	Ho	RNE		NOVE	MBER	MBER 3 1987 1903					
1	3. SEX			4. RACE		5 DATE C			6 AGE (IN YE	ARS LAST BIRTHD	IF UNDER	DAYS	IF UNDER	24 HRS		
ı	5	male		white		Dec	0.7	1917		69	YRS	MONTHS	DATS	HOURS	MIN.	
1		THPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D & NEVER		9 BALTIMORE CITY OR COUNTY OF DEATH							
)		ountry		USA		WIDOWE		IVORCED T	Wicomi	.co					ME	
1	J0. CI1	TY OR TOWN OF Lisbury	DEATH	11. NAME OF	OSPITAL, NURSIN	The USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Breeding Technician										
9	UŠUA 13a S		NURSING HOME OF		GIVE RESIDENCE BEFORE	13e STREET A				<u> </u>						
		ryland		rset	Cokesb		YES T	NO 😿		sbury				218	51	
-	_	THER'S NAME	DOME			ar y		S MAIDEN NA			110	rau		210	7 1	
1	1 0	harles		D.	Horn	_	72	nie	т	ane			Carling			
2		AS DECEASED E	VER IN U.S. AF		166 SOCIAL SECU		17 INFORM			ADDRESS		_	Co	144.	19	
1	, (Y	ES. NO OR UNKNOW		P. O. Box 357 220-32-0312 Nancy Horne Pocomoke City									34.7	0.1	0 5 7	
4	1)	10			ling for (a), (b), on-		INancy	Horne	e Poco	moke	CIT	У,	Md.	MATE INTER	85.	
		Canditions, if gave rise to cause (a), s underlying c	any, which immediate stating the	(b)_	R AS A CONSEQUE	aRy	AR.	TERY	Dise	use						
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I												3		
1	CERTIFICATION	190 DATE OF OF	PERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERF	DRMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEVELOPMENT OF						H?	
-		218. ACCIDENT WAS OR CONTRIBUTING	_	ATH HOUR A.	FINJURY M. MONTH DA M.	AY YEAR	21c HOW II	NJURY OCCUR	RED (ENTERNAT	URE OF INJURY II	NITEM 18 I	PART I OR	PART 2)			
	MEDICAL	214 INJURY OC	OT WHILE	21e PLACE	OF INJURY REET FACTORY OFFICE FARM ETC.) 211 LOCATION STREET					CO	UNTY	5	TATE			
		sow the de	ceased alive or	11/	e deceased fram_ 319 after death.	87.0	nd that in (my	, 19 \ icor) apinion	death occurred	d an the date	and hav	19 or and fr	am the	that (I) (v causes sta	ve) las ited	
	3	226. SIGNATUR		R.F.	leny		DEGREE UO	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIA	и 🗌	22	DATE	SIGNED	1_	
		1 A GC	S NAME (TYPE	CHRY	0		305 ADDRE	Poco	no.	Kel	ak	Mo	1.			
_	22a B	LIDIAL COEMAY	ON DEMOVAL	Tan Days	122. 1	JAME OF C	EMETERY OR	CDEMATORY	1224 LOCA	TION			-			

DHMH - 16 60M 7/84 (VRA 15, 4)

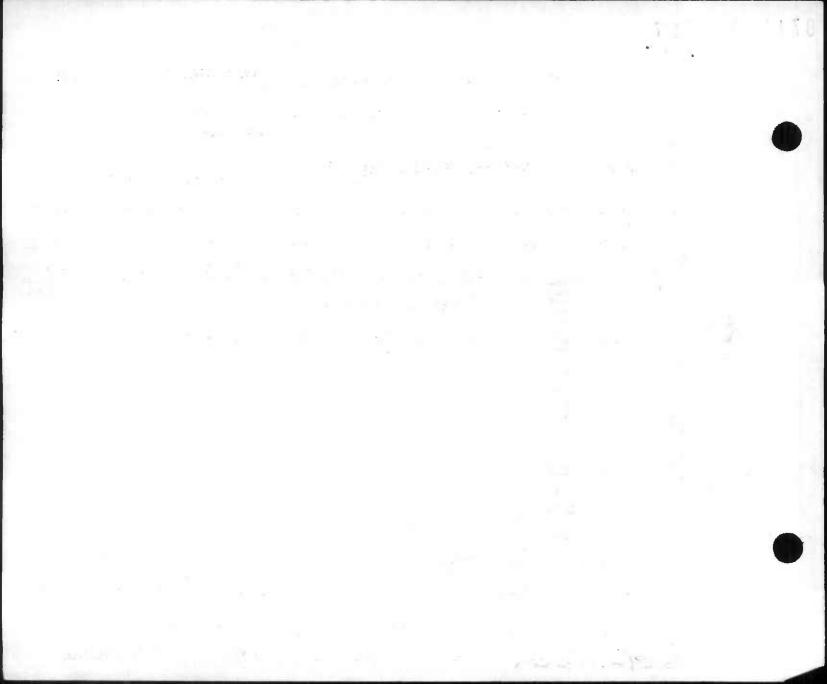
TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or IMPORTANT: If Item 21 is marked or Item 8 shows any injury, or ath

11/7/87

(SPECIFY)

Md.

/87 First Baptist Cem. Pocomoke Worcester
Pocomoke City, Md.NVV 09 1987 July Diodon Pulses



17	7 3	02	7	NOV 2	5 87	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	BIENE	o. 🦸	7 2	1 5
		pe	oge 3	5		CEASED NAME FIRST	ing	B.	Nein	(MM) Sr.	20. DATE OF DEATH	MONTH DA	1987	25 HOUR 22-00 M
		Boy	0.1	Ď.	3. SE		4. RACE	D .		OF BIRTH	6. AGE (IN YEARS LAST BIRT	(HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		Poge 4	rector	/	4	ale	White		Feb.	8 1900	87	YRS.		10000
1		th. Po	rol di	/4/	0	IRTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	R COUNTY C	TY OF DEATH					
•		death.	45	13		elaware				DE DIVORCED DIVORCED	Wicomico 120 USUAL OCCUPATE		12b. KIND OF BUSINESS OR	
	0	s ofte	by the		Sa	lishury	A	cheachty, give street		mital	Farmer	Agr.	Agr.	
	ND 212	24 haurs	filled in	24	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 13b, CO	OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS Gumboro R	load	OF	1990
	BALTIMORE, MARYLAND 2120	within	etely	1 7 11	_	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA			LAS	
	ORE, M	xecuted	E	0 0		Lemuel WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN)	R. ARMED FORCES? GIVE WAR OR DATES)	Huds 166. Social Secu	IRITY NO.	Lona 17. INFORMANT	ADDRE			Tingle
	TI W	e e	0 4	He med	_	No		350-10-1		Irving B. Hu	idson Jr., S	elbyvi		MATE INTERVAL DISET AND DEATH
	W. PRESTON ST.,	hat the death certificate	by the attending physici	cremation or remavo		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		BETWEEN	INSET AND DEATH					
	RDS, 201	equires 1	Than signed	r ta burial injury, ar	NO	PART 2. OTHER SIGNIFICAN		Cerl In	DEATH BUT	NOT RELATED TO THE TERM		DITION GIVE	N IN PART 110)
	IL RECO	he law	-	ows ony	CERTIFICATION	190 DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO		WERE FINDIN ING CAUSES	
	DIVISION OF VITAL RECORDS,	SICIAN: T	4	hem 18 sho	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR A	.M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T OR PART 2)	
	IVISIO	AG PHYSIC	ter this	atth and M	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	۵ _	ATTENDIN	TOR A	of He 21 is	Т	270 I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did	00 [[18/	0.0	nd that in (my) (aur) apinion	death occurred on the de	ote and hour		that (I) (we) fast causes stated
		ALOR A	AL DIREC	ate Dept.		22b. SIGNATURE	Fat T	Tan		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c DATE	SIGNED
		HOSPIT	O FUNER	APORTANI		224. PHYSICIAN'S NAME (TY)	NTZ T	TAN		220 ADDRESS P	iversible Dr	· - 5a	hyprej	up

23c NAME OF CEMETERY OR CREMATORY

Redmen's

236 LOCATION CITY OF TOWN

Selbyville

DE

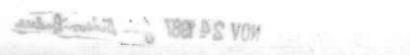
Sussex

BP_ DHMH - 16 50M 1/B1 (VRA 15, 4) 23a BURIAL, CREMATION, REMOVAL

Burial

23b. DATE

11-24-87



1.75

	1.	FOR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE											
	1-	STATE REGISTRAR						ERTIFICATE		TH	EG. NO.	7 0 1			
14913 DE	C 140	CASED NAME	FIRST		MIDDLE			LAST		M DATE KNO	WN WI MONT	DAY YEAR	26 HOUR		
FILES COURS FREET,			Mary					ackson	=	OF EST DEATH MAT		25 1987	0738		
	3. SE			5. DATE OF BIRTH	YEAR	6. AGE (IN Y	EARS IF UN		DER 24 HRS	2c. DATE PRONOUNCED	MONTH		24 11001		
ARY. TONE TON S	- 4	emale I	lack	5 3	28		'RS.			DEAD	11	25 187	0738		
SANTEN	7.69 E	DREIGN COUNTRY)			AAT COU	NIRY?		ED NEVER MA	400	9 BALTIMORE	_				
25 JA	Ni. C	Maryland ITY OR TOWN OF DI	ATH /	USA 11. NAME OF HOS	PITAL NI	JRSING HOM	WIDOW E. OR OTH		RCED US		icomic	12b. KIND OF E	ME		
PAGE PRED	4 5	alisbury	, /	Penins	ula	Gener	al H	ospital	FOR	actory	IFE)	Poultry			
21201 ANY D AND 3 RETAIN HOULD RECORD		AL RESIDENCE (IF IN P TATE 1.	WOTCE	Υ		Y OR TOWN		13d. INSIDE CITY LIMITS	REET ADDRESS	W. Mar	ket St.	et St. 3			
RE, A	30	Leon Jackson Leon Jackson 15. MOTHER'S MAIDEN NAME VIIII e Wise										LAST			
	2 160.	MAS DECEASED EVE ES, NO, OR UNKNOWN) NO	R IN U.S. ARM (IF YES, GIVE W	ED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 2								06 W Ross St			
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR: RITING THE WORD. "RENDING" IN PERCIN IN TEAN 18. ROED TO THE CHIEF ARBICAL EXAMINER ALONG WITHIN EARLY. "E DEPARMENT OF HEALTH AND MENTAL HYGERIFF, DIS PROVING TO REPORT CSFAMATION OR REMOVAL."		PART I DEATH (Enter anly one cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditians, if ony, which gove rise to immediate couse (a) stoting the underlying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Diabetes Mellitus											ITE INTERVAL SET AND DEATH LS		
TAL RECORDS, 201 HOULD BE EXECUTE RID "FENDING" IN 8 HE "MESTON IN 8 USED AS A BURIAL OF HEALTH AND MID MIDAL CREATION HOD MIDAL OF HEALTH AND MID	Z O														
SHOULD ORD "PE ORE NE VE USED A CHIEF NO CHIEF N	CERTIFICATION	190. DATE OF OPER	RATION	19b. CONDII	IDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY?		
S CERTIFICATE SHOULD STRING THE WORD "PE RETING THE WORD "PE SDED TO THE CHIEF M. E 3 SHOULD BE USED A E DEPARTMENT OF HER	CALCER	210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR CAUSE OF D	EATH P.M	MONTH	DAY YEA	R 21c. HC	W INJURY OCCU	RRED (ENTER	NATURE OF INJURY IN	ITEM 18 PART 1 OR	PART 2)			
# \$ \$ \$ # C		214 INJURY OCCU WHILE DO AT WORK AT	T WHILE D	21e PLACE C STREET, FACT				CATION		CITY OR TOWN	C	OUNTY	STATE		
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER BEAHLWOTH THE STAND A PATER BEAHLWOTH MARYTAND 3	7	death resulted fro	John	of the remoins des	Accident Accident LUL eley	, M.I		Homicide IIILE (SPECIFY) Deput ADDRESS Sa	y MED	Inquiry (X), ermined monner		11-2	5-87		
07/84 BP		urial, cremation Buria	REMOVAL 23	2-5-87	23c. M	t. Zi	on B		Sn			ter,Md			
DHMH 17 (VR A15 ME (5)	161	with E. J	What	Ton - E	Iceo	moe	, Ug .:	2334 020	A T	REGISTRAR 75	hegistran's	SIGNATURE	b		

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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND	
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	FOR - STATE DEGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE BEG, NO	372	17
I DE	CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	26 HOUR 2
{ TYP!	e OR PRINT)	ton	JACKSON	November	27, 1987	1000
3 SE	× 0	4 RACE A	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT		
2	nale	Black	January 19,1904	83	YRS DAYS	HOURS MIN.
7o. B	IRTHPLACE ISTATE OR FOREIGN	IL CITIZEN OF WHAT COUNTRY	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O		
-	nd.	11 8	WIDOWED DIVORCED	Wicomic	00	MD.
	alisbury	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Deer*S Head C	ING HOME OR OTHER INSTITUTION ET ADDRESS) enter	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
2	AL RESIDENCE (IF NURSING HOME OF STATE 135 COUL	ROTHER JUSTITUYON GIVE RESIDENCE BEFORE THE PROPERTY OF TO CALLED EAST OF THE PROPERTY OF THE	DRE ADMISSION) WN 134 INSIDE CITY LIMITS WO 15. MOTHER'S MAIDEN NA	Fax. 1 Bos	ZIP CODE	1631
	WAS DECEASED EVER IN U.S. AF	Jacks	Edith EURITY NO. 17. INFORMAN A	ADDRE	ST RY I BOY	ey nicked
NOI	Conditions, if ony, which gave rise to immediate couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c)	UENCE OF	NINAL DISEASE OR CONE	mo	IXIMATE INTERVAL NONSE AND DEATH
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE		19 21f LOCATION		RY IN ITEM 18 PART OR PART 2)	STATE
	saw the veceased alive or	ot) view the body after death.	and that in (m) (aur) apinion DEGREE ATTENDING PHYSICIAN [226 ADDRESS	death occurred an the death occurred and the deat	22c. DAT	that the last e causes stated
	Inj J.	Hwang	Deer*s Head	d Center, Sa	alisbury, Mo	1.21801
1	BURIAL, CREMATION, REMOVAL MORCHY) UNERAL DIRECTOR NAME	23b. DATE 23c 23c 23c 22c 23c 25c 25c 25c 25c 25c 25c 25c 25c 25c 25	NAME OF CEMETERY OR CREMATORY P. O. Boy 92 8 250. DAI P. O. Boy 92 8 250. DAI	23d. LOCATION	() COUNTY	+ STATE

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in by the funeral director, page 3 se filed within 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-1	VI REGISTRAR		CERTIFICATE OF DEATH	PEG. NO.	1) 1 000					
	I. DECEASED NAME FIRST	S.	JAMES	November						
	Female	Female BIK		6. AGE (IN YEARS LAST BIRTHO	MONTHS DAYS HOURS MIN.					
	70. BIRTHPLACE (STATE OR FOREIGN ROX BERLY, NC.	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	□ MICONIICO CC	COUNTY OF DEATH DUNTY					
	Salisbury	Deer's Head		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	VORKING LIFE) INDUSTRY					
	md. 13b CC	DUNTY 136. CHY OR TO	and YES NO [Warren + K	IP CODE & 1826					
4	George	MIDDLE LAST Fevenson	15. MOTHER'S MAIDE	Louise (Dutlaw LAST					
	160 WAS DECFASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	6-8046 Ora Gr	ant 520 P	risulla Street					
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF								
1	198. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \(\text{D} \)					
3	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IFEITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	DEATH HOUR A.M. MONTH	19 21 LOCATION	CCURRED (ENTER NATURE OF INJURY I						
	220.1 certify that (1) (this has saw the deceased alive	of not) view the body after death.	DEGREE ATTENDI PHYSICI. 270 ADDRESS	NG MEDICAL STAFF AN DIRECTOR PHYSICIA	e and hour and from the couses stated 222. DATE SIGNED 11 -12 - P sbury, MD. 21801					
	230 BURIAL, CREMATION, REMOVE ISPECIFY AND ALL PLANTS OF THE PROPERTY OF THE P	4-16-87	Hurlock Vet. C	emt. Hurlock	Dorchester Md.					
	A. E. Word F/	H - Wested +	Booth Street	NOV 19 1987	Julia Divider Readnes					

ADDRESS + Booth Street

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR

TO HOSPITAL

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(VRA 15, 4)

MPORTANT II hem 21 is should be detached for with the State Dept. of

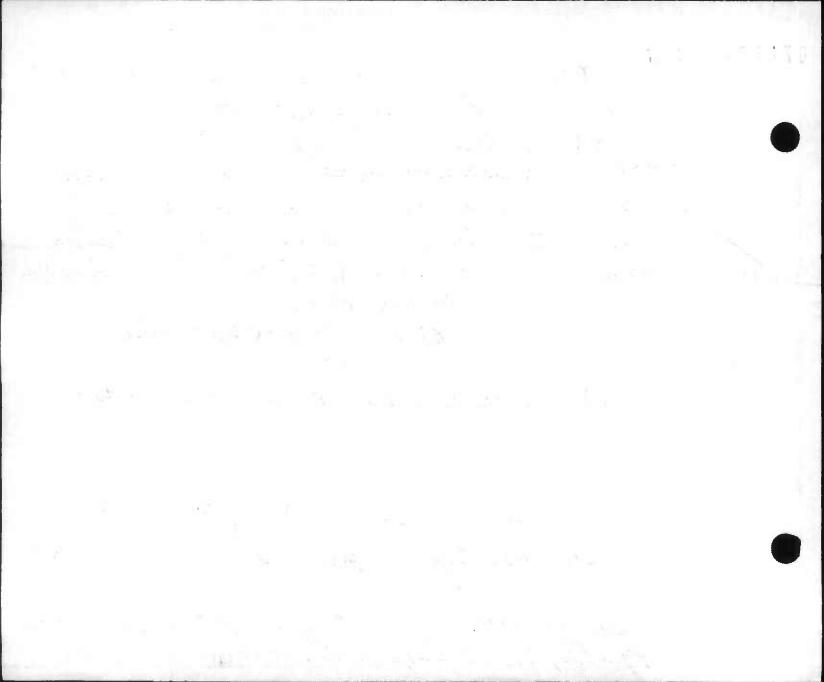
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24. FUNERAL DIB

DHMH - 16 60M 7/84 (VRA 15, 4) TOR



OR ATTENDING PHYSICIAN, The low

retained by the hospital or attending physician.

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STATE OF MARYLAND

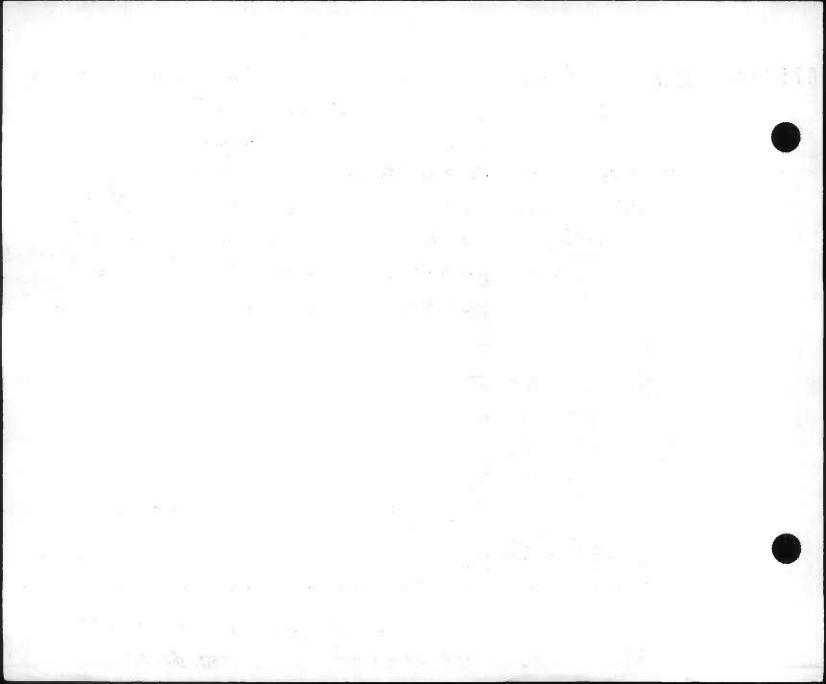
			DEPARIMENT OF	IEALTH AND MENTAL H	GIENE		
- STATE REGISTRAR			CERTII	FICATE OF DEATH	REG. NO	o. 3	> >
1. DECEASED NAME	FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	2b HOU
(TYPE OR PRINT)	GEOL	56	Ja	hNSON	DECEME	BER 8 1981	77.45
3. SEX	9	RACE	5. DATE	OF BIRTH		THDAY) IF UNDER 1 YEAR	
, 1	7	BIK	^0	7 6 28	59	YRS MONTHS DAYS	HOURS
	TATE OF FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	
COUNTRY	nd.	-	WIDOW	ED DIVORCED	Micourco		
Christian worker miner		Peninsula	ral, nursing home ty, give street address) General Ho:	or other institution spital			OF BUSINE
USUAL RESIDENCE 130. STATE	136 COUN	TY / 13c. C	IJY OR JOWN	13d. INSIDE CITY LIMITS?			3,B4
FATHER'S NAME		MIDDLE JOHN	SO N	FIRST /4	MIDDLE	DASHIRC	AST C
			1- 11	17 INFORMANT	ADDRE	T 771	12 A
18 CAUSE O	F DEATH (Enter or	ly one couse per ling fo		4	1	APPRO BETWEEN	XIMATE INTER
PART I. DE	ATH WAS CAUSE	D BY	tas Latie	- luno	Cancer.	2	mie
	MACON	CAOSE (O)	<u> </u>	1			
PART 2 OTH	er significant (
190 DATE OF	OPERATION	196 CONDITION	FOR WHICH OPERATION	DN WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES	
OR CONTRIBUTE	NG CAUSE OF DEA	HOUR A.M. A			JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
21d. INJURY C	OCCURRED	21e PLACE OF IN.		211 LOCATION STREET	CITY OR TO	OUNTY COUNTY	5
22a. I certify	that (1) (this hospi		asca mom	, , ,		-8 1987	that (I) (v
saw the	deceosed alive an		7 19 <u>8 7</u> , c	and that in (my) (aur) opinio	on deoth accurred on the d	ote and hour and from th	e couses sto
22k SIGNATI				DEGREE	MEDICA: CT.		ESIGNED
1	1	The		ATTENDING PHYSICIAN			X-X
					A		
	AN'S NAME ITYPE	LIGNOS	MO.	MEDICAL	CENTER N.		
	TO. BIRTHPLACE IS COUNTRY) 10 CITY OR TOWN OF STATE USUAL RESIDENCE 130. STATE 160 WAS DECEASED OF STATE 18 CAUSE OIL PART I. DE Conditions, gove rise cause (a), underlying PART 2 OTHE OR COUNTRIBUTION OR CONTRIBUTION (IF EITHER NO) 210. I CEPTIFY SOW the	10. CITY OR TOWN OF DEATH STATE SULTY USUAL RESIDENCE IF NURSING HOME OR 130. STATE 18 CAUSE OF DEATH (FIRST OR FOREIGN 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause iol, stating the underlying cause lost PART 2 OTHER SIGNIFICANT (I) 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINET 210. I certify that (I) (this hosp) sow the deceased alive on	70. BIRTHPLACE STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPIT PENINSULA USUAL RESIDENCE 16 NURSING HOME OR OTHER INSTITUTION GIVE RE 13d. STATE 13b. COUNTY 13d. C. STATE 13d. C. STATE 13b. COUNTY 13d. C. STATE 13	70. BIRTHPLACE STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIE WIDOW 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF DIHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136. CITY OR JOWN 136. C	RACE S. DATE OF BIRTH MODIAN D. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED N	A GE (IN YEAR LAST BRE NORM) TO BIRTHPLACE ISTATE OF FOREIGN TO COUNTRY) TO BIRTHPLACE ISTATE OF FOREIGN TO COUNTRY) TO COUNTRY T	SEX S DATE OF BRITH AGE INVESTIGATION INVE

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(VRA 15, 4)

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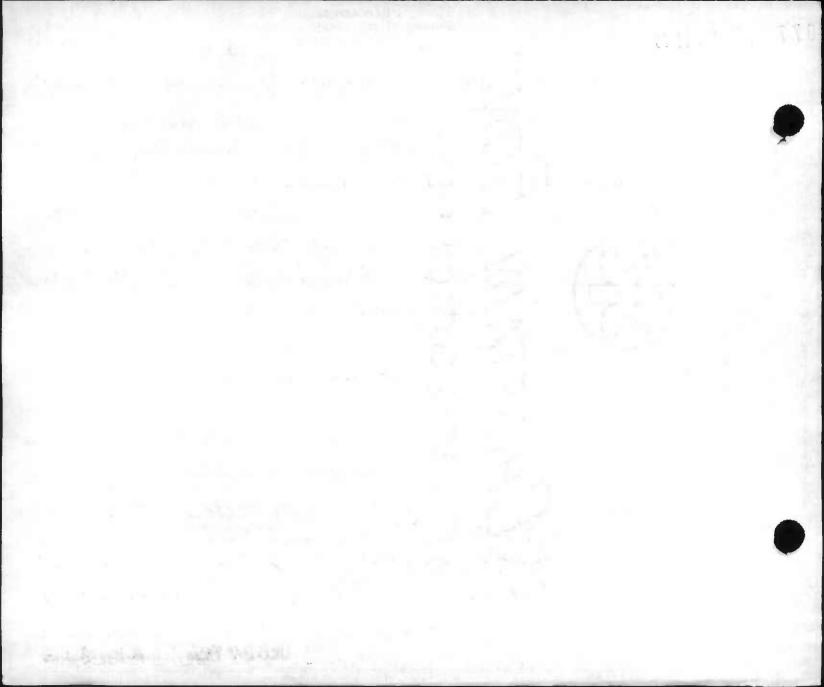
TO FUNERAL DIRECTOR: A should be detoched for use with the Stone Dept. of Head MPORTANT, If hem 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

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21	AIP	ur	PD A	AR IL	APED	

1			STATE OF MARYLAND	-1		
1	OF OR STATE	DEPA	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	10 3	1 7 7	21
H	DECEASED NAME FWII	WIDDLE	LAST	RFG. N	O. LA VEAR	2b HOUR
	May	da tel	Johnson		12 34 87	11:15 00
3	SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YEAR	IF UNDER 24 HRS
L	Forale	Black	MONTH DAY YEAR NOV 4 1894	93	MONTHS DAYS	HOURS MIN.
17	& BRITHPLACE ISLATE DEFORE ON	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY C	OR COUNTY OF DEATH	
1	Md.	U.S.A.	WIDOWED DIVORCED	2 1 1 1	1100	MD.
1	B. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 126 KIND O	F BUSINESS OR
1	Salisbury	Wicomico	Nursing Home	Retired	" WORKING EINE! HADOSTKI	
1	SUAL RESIDENCE IF NUMBER FORE OF	OTHER INSTITUTION GIVE RESIDENCE B		13e.STREET ADDRESS	/ ZIP CODE /	
1	Md. Der	10	idge YES INO	800 H.	sh5T/=	21613
ľ	E FATHER'S NAME	MODIE LAST	15 MOTHER'S MAIDEN N	IAME -	LAS	ST
1	Daniel	Watk,		phe- Watk.	is Kaih	
7	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	SECURITY NO. 17 INFORMANT	ADDRI	:55	2/-/
丰		147-2	8- Idward	Val Kins 80	OHigh ST. Co	imbridge/
Т	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b	· Van /h	7 10	BETWEEN	MATE INTERVAL ONSET AND DEATH
L		TE CAUSE (a)	ward colo. 120	1140		
П		DUE TO, OR AS A CONSE	EQUENCE OF			
П	Conditions, if any, which	(b)	133011			
1	course (a), stating the underlying course lost.	DUE TO, OR AS A CONSE	EQUENCE OF			
П		(c)	150e			
L		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART TO	a
-	15s. DATE OF OPERATION 21s. ACCIONT WAS UNDERLYING. [TIGH CONDITION FOR WE	HICH OPERATION WAS PERFORMED	20g AUTOPSY?	206 IF YES, WERE FINDIN	VGSTISED
	E CONTROL OF COLUMN	The Condition Tok Wi	TIET OF ERATION WAS TEN ORMED		IN CERTIFYING CAUSES	OF DEATH?
1	21s ACCEPINT WAS UNDERLYING T	216. TIME OF INJURY	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART - OR PART 2)	NO 🗌
	And the second section of the second section is	HOUR A.M. MONTH	DAY YEAR	TENER TRIBLE OF THE		
L	214 INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	Ugranii.	esta cestant/	
Г	¥ mmile □ molimmile □	(AT HOME STREET FACTORY OF	FICE, FARM, ETC.) STREET	EVIT CH 10	with countries	STATE
L		nital) attended the deceased fro	om Million 10 8	T 10 Dec	10.87	that (I) (we) last
П	unw the deceased alive as	02023	19 2, and that in (my) (our) opinia	n death accurred on the d		
L	12h SiGNA VRE	at view the body ofter death.	DEGREE		22c. DATE	SIGNED
I	m	2/000	OP ATTENDING PHYSICIAN	MEDICAL STA	FF /Z-	2007
1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	O		
L	1.6.19	rethes.	3 Bay	St Ber	lun 2	1471/
2	SE BURIAL CREMATION, REMOVAL		231 NAME OF CEMETERY OR CREMATORY	23d. LOCATION		. 0 . 1
1	Ramiel	12/30/87	Rock Church Cene	· Cambride	Sounty Sounty	Md.
2	T FUNERAL DIRECTOR	11/11/11	25a. 🗈	TE DECID ON DECISIBAR	256 REGISTRAR'S HIGHAT	
	Stewart Fare	-al Home ADDRE	Camb. Md.	JAN 7 - 198	S SEE SEA	STATE OF THE PARTY.



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DEPART AL HYGIENE

3	FREG.	NO.	Ġ	7	12	2	6
ΓE	OF DEATH	MON	TH	DAY	YEAR	2b HO	UR
				A			

Į		OR TATE		DEPARTM		EALTH AND MENTAL HYGI	ENE		3 5	10 11
,		EGISTRAR			CERTIF	ICATE OF DEATH	REG. N	o. 🔊 🗸	100	ha la
1	DEGE/	ASED NAME FIRST		MIDDLE	JO	HNSON hnson	24. 07.12 07 027.111	MONTH DAY	YEAR	26 HOUR
ı	(TITE OR	ROBER	Γ LE	ĒE	20	hnson	Decemb	er 14,	1987	1709 M
ı	3. SEX		4. RACE		5. DATE C		& AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	IF UNDER 24 HRS
ı	_	Male	White		03	30° 1916	71	YRS	IIHS DAYS	HOURS MIN.
1	7a. BIRTH	HPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE!	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
4		aryland	U.S.		WIDOWE	D DIVORCED	Wicomico			MD,
1	0. CITY	OR TOWN OF DEATH		HOSPITAL, NURSING TH FACILITY, GIVE STREET A		OR OTHER INSTITUTION	120 USUAL OCCUPATI		12b. KIND O INDUSTRY	F BUSINESS OR
4		isbury		la Genera		spital	Driver	~~~	Trans	portation
1	13e, STA		VITY	13c CITY OR TOWN	ADMISSION)	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
4			comico	Salisbury		YES NO	512 Washir	igton St	reet	21801
ı		IER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAS	ī
À	V	Villiam C.	J	ohnson		Sadie			Moore	
		S DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECUI		17 INFORMANT Mrs	Della M.	Johnson	(Wife)	
ı	(120.	Yes		214-10-7	080	512 Washingto	on St., Salis	oury, Mo	218	
	18	CAUSE OF DEATH (Enter or	ly one couse per	line for (o), (b), and			1		APPROXI BETWEEN	MATE INTERVAL DNSET AND DEATH
1		PART I. DEATH WAS CAUSE IMMEDIA	E CAUSE (0)	acute	my	ocardial in	arction			
Ì			DUE TO, O	R AS A CONSEQUE	NCE OF		0			
		Conditions, if any, which	(Ib)_							
1	d	gave rise to immediate touse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF					
ı	-	underlying cause last.	(c)							
ı		ART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART TO	
	CERTIFICATION							T		
1	190	DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, W		
	ET.		3 01 7007			10. 110	YES NO	YES [ио 🗌
•		OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE ÓF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
ı	~ _	(IF EITHER NOTIFY MEDICAL EXAMINE		M	19					
	21 X	MILE NOT WHILE		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ı	AT	WORK AT WORK			- 10	24	181	/1	Ga	
ı	22	sow the deceased alive on		e deceased from	12	of that in (my) (and apprison d	, 10	. 19.	8-/	that (li (aux) last
ı		obove, (I) (we) (did) (did ne	of view the body	ofter death.			eom occurred on the d	ore one nour or		
ı	22	SIGNATURE	010	much	1	ATTENDING	MEDICAL STA		22c. DATE	14/27
1	22	A PHYSICIAN'S NAME (TYPE	R PRINT)	0.000	- 11	770 ADDRESS	DIRECTOR PHYSIC	IAN L	1 1-1	1110/
		RODNEXU		ENRICH		100 POWE	TR ST.	SALIS	BURY	md.
1	23e BUR	RIAL, CREMATION, REMOVAL		1	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	ė	OUNTY	STATE
		Burial	12/17	/1987 W	icomi	co Memorial Pa	ark Salisbur	y, Wico	mico,	Maryland
		eral director olloway Funera				25p_DATE	REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	URE 1

DHMH - 16 50M 1/81

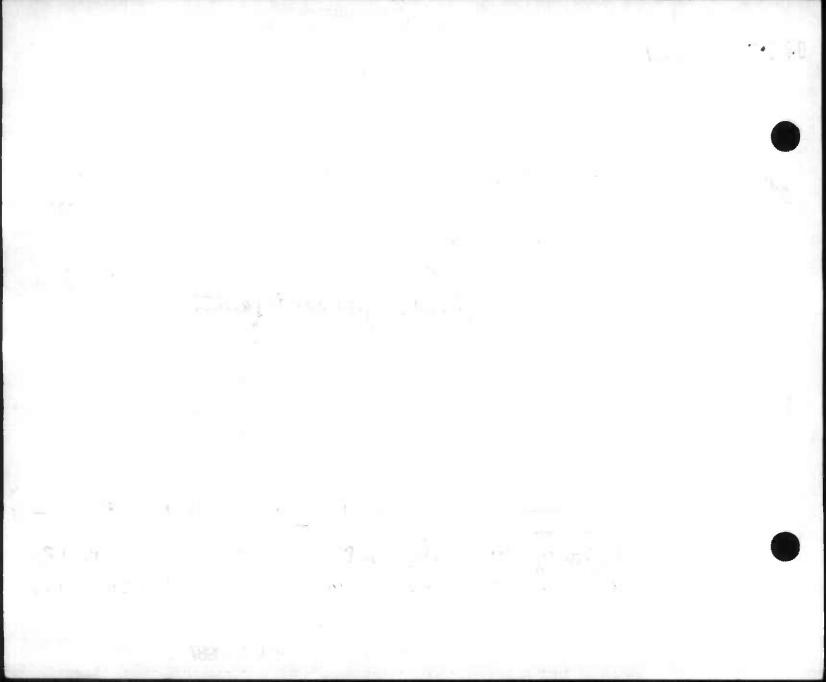
TO HOSPITAL

BP.

(VRA 15, 4)

nould be detached for use as the burial-transit permit. Then please remove carbanpape in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal MPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, at ather traumatic event,"

ID FUNEFAL DIRECTOR: After this certificate has been



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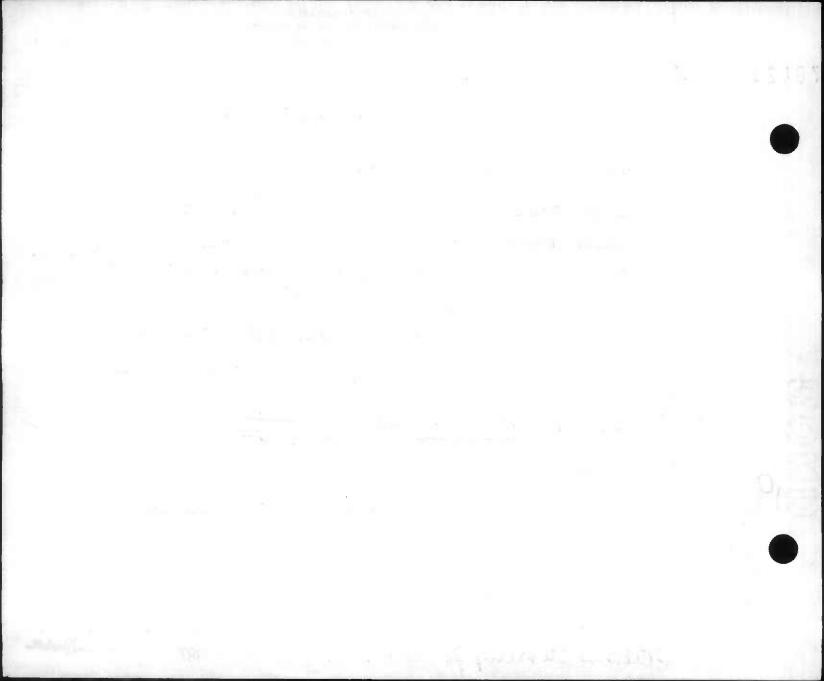
DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE		

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0.	REGISTRAR				CERTIF	ICATE OF	DEATH	8	REG. NO	o. 🍪	1 %	Sin W
	CEASED NAME	FIRST		NIDDLE	1	AST		20 DATE OF	DEATH	MONTH [DAY YEAR	26 HOUR
(,,,,,	CORPRINT	VERNO	N. C		VOH	NSON		NOVE	MBE	n 100	1987	2200
3. SE	х .		I. RACE		S. DATE C		YEAR	6 AGE (IN YE	ARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		Whi	te	Ma		1928		59	YRS		, and
	IRTHPLACE (STATE	OR FOREIGN	b. CITIZEN OF	WHAT COUN	TRY?	D NEVER	MARRIED 🖃	7. BALTIMO	RE CITY O	R COUNTY	OF DEATH	
	Md		u.	5.	WIDOW		NORCED	Wicom	nico_			N
10. C	ITY OR TOWN OF	DEATH			URSING HOME (STREET ADDRESS)	OR OTHER INS	TITUTION	120 USUAL C				OF BUSINESS O
Sa	alisbury		Peninsu			spital			- 11	d		
USU.	AL RESIDENCE (#	NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE		113d INSIDE	CITY LIMITS?	13e. STREET A	ADDRESS			
	Md	1	cester	4.1	ack	YES 🗍	ио 🗌		Box -	70 8	21841	
14. FA	ATHER'S NAME		NDDLE	. LAS	ı.	15. MOTHER	S MAIDEN NA	ME	WIDDLE		LA	ST
2	Frank		0	- The same of the	son	N	billie				Enn	sis
	WAS DECEASED E		MED FORCES?	16b. SOCIAL	SECURITY NO.	17 INFORM	ANT		ADDRE	SS		
to.	YES, NO OR UNKNOWN	, (II TES, ONE	WAR OR DATES!	220-	26-2898	He	rman	John	son.	Frui	tland	1 md
	18 CAUSE OF D	EATH (Enter onl	y one couse per	line for (a), (b), and (c).)						APPROX BETWEEN	ONSET AND DEATH
	PART I. DEAT	H WAS CAUSED	BY: CAUSE (a)		10 PUL1	YONAL	? <i>y</i>	ARRE	7			
		IMMEDIATI							,			
	Conditions, if	any which	DUE TO, OF	AS A CONS	NO ES	TIVE	HE	FART	F	AILU	105	
	gave rise to	immediate) (5)									
	cause (a), si underlying co	ouse last.	DUE TO, OF		ESTIU	2	MON	A 40 1/A A	ATH	1.		
	PART 2 OTHER	SIGNIFICANT C	ONDITIONS CO		G TO DEATH BUT		_			DITION GIV	EN IN PART 1	
z		JIO. 111 ICA/111 C	<u> </u>	, - I KI BO I II - I	<u> </u>	NOT KEENIE) 10 111E 1EKN	MITTAL DISEASE	. OK COM	011011011	EL PATRICIA	0
CERTIFICATION	190. DATE OF OP	RATION	19b. CONDI	TION FOR W	HICH OPERATIO	N WAS PERFO	DRMED	20a AUTO	PSY?		, WERE FINDIN	
E S								YES 🗆	поп	4	YING CAUSES S	OF DEATH?
ERT	21a, ACCIDENT WAS	UNDERLYING	21b. TIME O	F INJURY		21c HOW IN	NJURY OCCUR					110 🗆
	OR CONTRIBUTING	CAUSE OF DEAT			DAY YEAR			(2				
MEDICAL	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	P./ 21e. PLACE (19	21L LOCATI	ON					
ME		T WHILE			FFICE, FARM, ETC.)	STREE			CITY OR TO	WN	COUNTY	STATE
	AT WORK	WORK			- , ,				- / /-	1 12	0-2	
	22a.1 certify tho	MRZ	al) attended the	e deceased f	4-0	3	19	, to	11-		19	that HI (we) la
	above, (I) (w	eosed alive on e) (did oo	view the body	ofter death.	19	nd that in Jany	(our) opinion	death occurred	d on the do	ote and hou		
	226. SIGNATURE			,	/	DEGREE	ATTENION				22c. DATE	SIGNED
	De	nnes	1 Choo	lnich	h .	M.1)	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAF		11/11	1/87.
1	22d. PHYSICIAN	S NAME (TYPE OF	RINT)			22e ADDRE	SS					
23a E	BURIAL, CREMATIC	ON, REMOVAL	236 DATE		23c NAME OF C	EMETERY OR	CREMATORY	23d LOCA				
	Burgal		Nou !	3. 1987		ntin		10 P	stove		COUNTY	T MO
24_5	UNERAL DIRECTO	R 20 /	1100,1	0, 1101	991	DIL	25a. DA1				RAR'S SIGNAT	
	NAME	1 telan		FA 450	1155) 1/	2	NO	1171	027	Malia	Dividson.	Randalle
1>4	WILL O	1	736-4 100	a variable	reach 11	Relian	1110	A T [JU/	57		

The same of the sa



DHMH - 16 60M 7/84 (VRA 15, 4)

1 - STATE REGISTRAR I. DECEASED NAME

(TYPE OR PRINT)

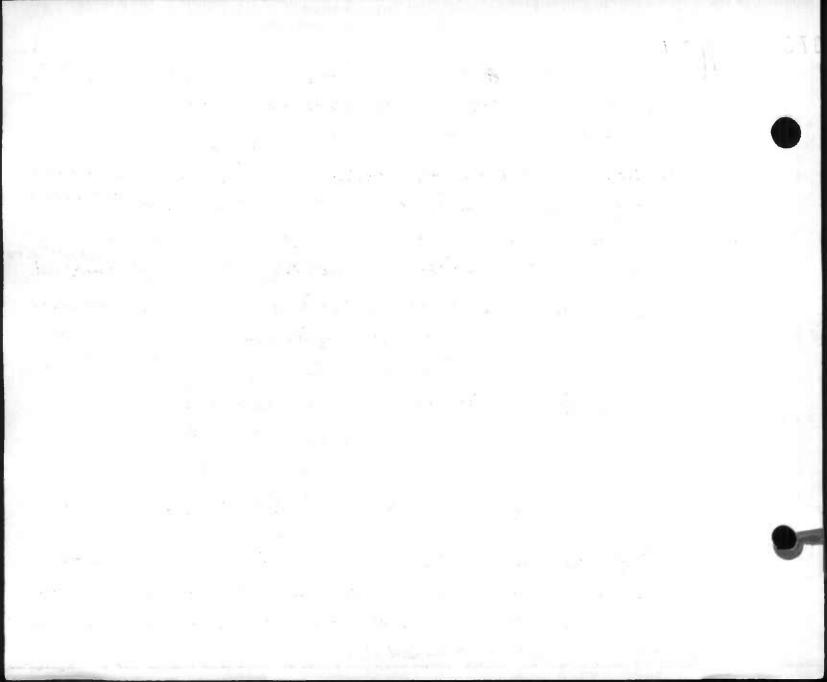
3 SEX

236. DATE

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DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO	7 2 2 5
ERMON N	JONES	December	2 1987 3 SAM
BIK MS	E OF BIRTH		
USE WIDO	RIED NEVERMARRIED DIVORCED D	BALTIMORE CITY OR COU	MD.
11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General F	bspital	The USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR	IZE KIND OF BUSINESS OR INDUSTRY WHALMAN
OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION TO THE TOWN	YES NO [7	ODE, 9/3 WESTED
5, Journal	15. MOTHER'S MAIDEN NA	might ha	LAST
MED FORCES? IS SOCIAL SECURITY NO. 114-32-159	17 INFORMANT HE	WHite 3	Salisbury md.
Ily one cause per line for (a), (b), and (c).) DBY CE CAUSE (a) CAWCEM	of The Ban	creas	APPROXIMATE INTERVAL RETWEEN GIVET AND DEATH 1. 5 - 2. 0 4 CS
DUE TO, OR AS A CONSEQUENCE OF	+ Tre Pane	CAT	Same
DUE TO, OR AS A CONSEQUENCE OF			Same
CONDITIONS CONTRIBUTING TO DEATH E	Sep Sys, P	200 AUTOPSY? / 206. HIN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
71b. TIME OF INJURY HOUR A.M. MONTH DAY YE. P.M. 1		RED (ENTER NATURE OF INJURY IN ITEM	STB PART LORPART 2)
21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
at view the body ofter death.	, and that in (my) (aur) apinian	death occurred on the date and	haur and from the causes stated
and miss.		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DIATE SIGNED
DE PRINCI	27e ADDRESS	21015	1 1 21201

DON KNOWNOG DUBANG SOLISPANN WOLDING 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION



injury, or other troumotic event, the

18 shows

IMPORTANT: If them 21 is morked or Item

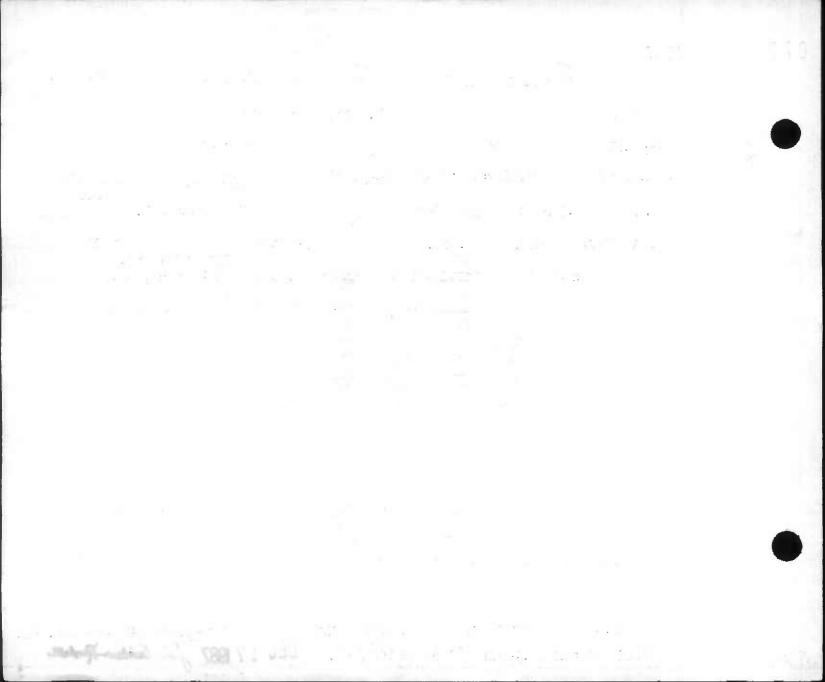
JOLLEY MEMORIAL CHAPEL RTE . SALISBURY, MD.

	FOR			DEP /		TE OF MARY	LAND D MENTAL HYG	HENE				
10	STATE REGISTRAR					FICATE OF		8	REG. NO	0 3	7 2	20
TYPE	OFFRINT)	FIRST		MIDDLE		LAST		20. DATE C)F DEATH	MONTH DAY	Y YEAR 2	2b. HOUR
		S	SAMUEL I	DRYDEN		Jones		Dece	unber	- 7,	1987	0300M
3. SEX	(4 RACE		5. DATE C		YEAR	6 AGE IIN	YEARS LAST BIR			IF UNDER 24 HRS
3 2 011	MALE		BLK	THE COUNT	AUG.	25,	1892	95		YRS.		
	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	F WHAT COUNT	RY? 8. MARRIE	ED NEVER	R MARRIED	1 .		OR COUNTY O)F DEATH	
17.6	YASKIN	1-11	USA		WIDOWE		DIVORCED [Wicom				MD.
	TY OR TOWN OF DE	ATH	(IF NOT IN SU	F HOSPITAL, NUR UCH FACILITY, GIVE STI	TREET ADDRESS)		STITUTION		OCCUPATION FOR MOST O	ION OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
-	AL RESIDENCE (IF NUR	- CHONE (ula Gene					ERMAN		RETIRE	ED.
13a. S	STATE	13b COU	INTY	13t. CITY OR TO			CITY LIMITS?	13e.STREET	ADDRESS	/ ZIP CODE	21801	
	MD.	MICO	MICO	SAL ISBL	IRY	YES 🔯	NO 🗌	17 A				
14. FA	ATHER'S NAME FIRST		MIOOLE	LAST		15 MOTHER	R'S MAIDEN NAM	WE	WIODIE		LAST	
R	R. ABRAHAM		NCOLN	JONES	5		VIRGINI				JONES	
	VAS DECEASED EVER	R IN U.S. AF				17 INFORM			21 OL	IVIA ST		
,	£3, 110 S	WW		217-28-	3085	CHARL	ES R. JO		SAL ISE			
	18. CAUSE OF DEAT	TH (Enter o	only one couse pe					-1 1	/	Mar 0-9		ATE INTERVAL
	PART I. DE ATH V	WAS CAUSI	SED BY ATE CAUSE (a)	- (Dauce	1. Treal	Beau	A Le	aleus	el	Zecu	
	l .	*****		OR AS A CONSE	OUENCE OF			0				
	Conditions, if any	v. which	(6)	7K A0 A CO	GOLITCE C.							
	gave rise to im	mediate)	OR AS A CONSE	OUSNICE OF							
	underlying couse		DUE TO, C	JR AS A CONSL	QUENCE		4					
	PART 2 OTHER SIG	NIFICANT		ONTRIBUTING	TO DEATH BUT	NOT RELAT!	ED TO THE TERM	INAI DISEA	SE OR CON	INITION GIVEN	U IN PART 110	
NO			Cle	Buch	1000	I la	me leel	THE PROPERTY	JE 0	Dirion	,	
AT	19a DATE OF OPERA	TION	196. CONF	DITION FOR WH	IICH OPERATIO	N WAS PERF	ORMED	20o AUT	OPSY?	20b. IF YES, V	WERE FINDING	GS USED
CERTIFICATION								YES	МОП	IN CERTIFYII	NG CAUSES O	DE DEATH?
CER	21a ACCIDENT WAS UN	OERLYING (OF INJURY		21c HOW	INJURY OCCURR					NO L
	OR CONTRIBUTING		CAUT	A,M. MONTH								
MEDICAL	21d INJURY OCCUR		21e PLACE	P.M. E OF INJURY	19	211 LOCAT						
ME	WHILE NOT W			STREET FACTORY OFFI	ICE, FARM, ETC.)	STRE			CITY OR TO	WN	COUNTY	STATE
	22a I certify that (I		oital) attended 1	the deceased fro	mc	4-1	19 8 6	to	12.	7) the	ot (1: (we) lost
	sow the deceas	sed alive or	n 16	2 -7 1	20	nd that in m	y) (our) opinion o	death occurr	ed on the do	ate and hour o	4	9
	22b. SIGNATURE	did) (ala lia	not) view the body	y offer death.		DEGREE					22c DATE SI	
	111201	Carl	00	anal) Wi		ATTENDING PHYSICIAN	MEDICAL			100	7. 707
	22d PHYSICIAN'S N	AME (TYPE	OR PRINT)	IXLI 7	-	22e ADDRE		DIRECTOR	R PHYSIC	,IAN []	1 Ch	
	BURIAL, CREMATION,	REMOVA	L 23b. DATE		23c NAME OF C	EMETERY OF	R CREMATORY	23d LOC				
(BURTAI		12_12	_87					Y OR TOWN	7115	COUNTY	STATE
24. FU	UNERAL DIRECTOR		-14-14	<u>-8/ 1</u>	21. JAN	MES_AUI		E REC'D. BY	EAD-OF	25h REGISTRA	SIGNATU	CO. MD.

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(VRA 15, 4)



FOR

STAT	E OF	MARY	LAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

87	REGISTRAR				CERTIF	ICATE OF DEATH	E REC	G. NO. 3	7 2	2 /
1. DEC	OR PRINT	ZÄMC XXXXX		RLAND	JÓ	NES, JR.	Decembe			26 HOUR 12+25 A
3. SEX	(4. RACE		S. DATE C		6 AGE (IN YEARS LAS		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	male		Cau	c.	Dec	ember 27, 38	48	YRS.	DAIS	MOURS MIN.
7a. Bi	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	18	DE NEVER MARRIED	9. BALTIMORE CIT		OF DEATH	
Pe	nnsylvan	ia /	U. 3	S.A.	WIDOWE		Wicomico	County		MD
	TY OR TOWN OF DEA	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	IG HOME C	OR OTHER INSTITUTION		OST OF WORKING LIFE)	INDUSTRY	
1	Salisbur	4 2 1		s Head Ce			Greensk	eeper	Coun	tryClub
13a. S	AL RESIDENCE (# NURS STATE laryland	136 COUN	nester	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e STREET ADDRE		21	613
}4. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LA	CT.
	Thomas		rland	Jones	,Sr.	Ruth	E.		Pri	
16a. V	VAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES?	16b. SOCIAL SECU		17 INFORMANT Wit	Le	DDRESS		
THE S.	No			215-36	-1118	Mrs. Joyce	Jones,	Same as		KIMATE INTERVAL ONSET AND DEATH
CERTIFICATION	2)	NIFICANT C	conditions co		DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR C		N IN PART 1	
TIFIC,	170. CONDITION							IN CERTIFYI	ING CAUSES	S OF DEATH?
MEDICAL CERT	216. ACCIDENT WAS UNDERLYING			AY YEAR 19	21c. HOW INJURY OCCURI		FINJURY IN ITEM 18 PAR	COUNTY	STATE	
	220.1 certify that (I) (this hospital) attended the deceased from						he date and hour o		that (I) (we) last e causes stated	
	226. SIGNATURE M. Stuesting		-1		DEGREE ATTENDING PHYSICIAN [STAFF IYSICIAN []	12. DATE	22,87	
	22d PHYSICIAN'S NA	/	ha, M.D			Deer's Head	d Center.	PO BOX 2	018.	Salisbur
23a. E	BURIAL CREMATION.				NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
B	urial		12-24	4-1987Da	orche	esterMemPkCe			chest	

FRALDIRECTOR Curran Funeral Home 308 High St., Cambridge, MD. 21613

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

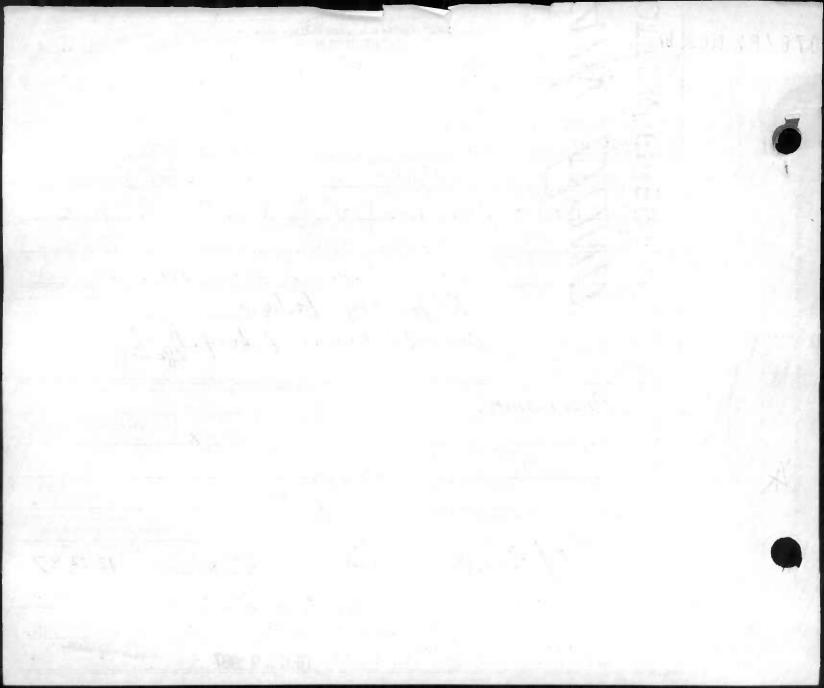
DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detoched for use as the bur with the State Dept of Health and Me IMPORTANT; If Hem 21 is marked

TO FUNERAL DIRECTOR: After retained by the hospital ar TO HOSPITAL OR

18 hews any injury, or ather traumotic event,



Box

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

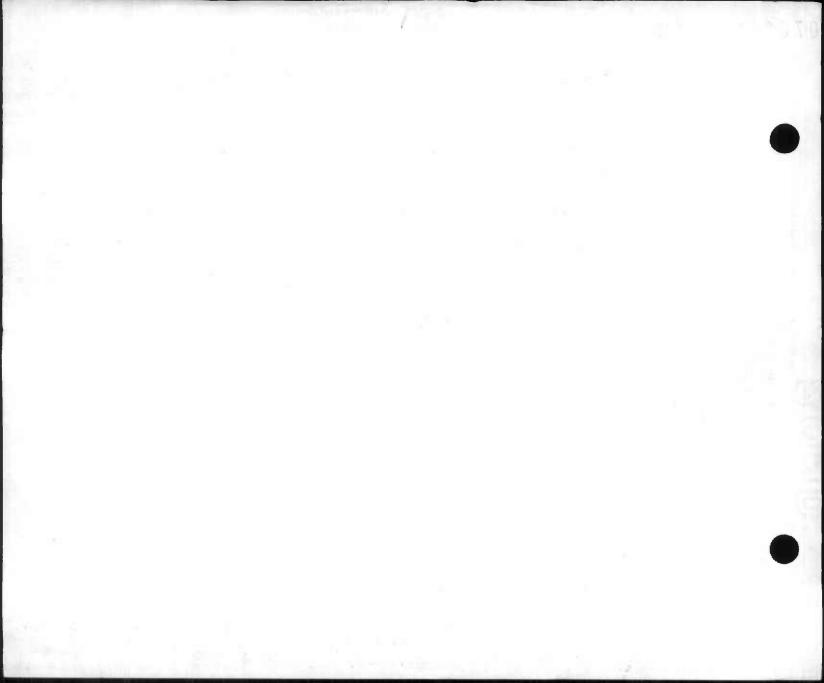
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(VRA 15, 4)

24. FUNERAL DIRECTOR

Jolley Memorial Chapel ADDRESS



STATE OF MARYLAND



requires that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospitol or otherding physician.

certificate be executed within 24 hours after death. Page 4 may

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages (and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is marked or frem 18 shows any injury, or other traumatic event, the medical

FOR

STATE	OF	84	ADVI	AMD
JIAIL	OT.	m.	RNIL	MINU

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

D	67 REGISTRAR		CERTIFICA	TE OF DEATH	REG. N	0. 3 7 3	3 3 0			
1. 0	DECEASED NAME FIRST YPE OR PRINCE HRISTOPHE	R VAN	KELLY	1	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR			
3. 9	SEX SEX	A. RACE	5. DATE OF BIE	RTH YEAR	6. AGE (IN YEARS LAST BIR					
1	M	B		04-61	96	YRS	NO NO			
7a.	BIRTHPLACE (STATE OF FOREIGN)	b. CITIZEN OF WHAT COUNTE	MARRIED	NEVER MARRIED	BALTIMORE CITY	OR COUNTY OF DEATH				
1	URC	USA	WIDOWED	DIVORCED [Wicon		MD.			
10.	SALIS BUR	NAME OF HOSPITAL, NUR IF THE INSUCH FACILITY, GIVE STI	SING HOME OR O' REET-ADDRESS) A 1244	CENTER	(TYPE OF WORK FORMOST	OF WORKING LIFE) INDUST	DOF BUSINESS OR			
	STATE MUL		SOUR YE	INSIDE CITY LIMITS?	13e.STREET ADDRESS		J. B. H.S.			
14.	FATHER'S NAME FIRST FATHOR	WI KELLY		MOTHER'S MAIDEN NAM	AA MIS	Lelly	LAST			
160	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 2/8-	18-427/	Clida	M. Krelly	-17.0	Ji But Hat			
15	18. CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED IMMEDIATE	E CAUSE (a) Chegu	ured 1.	mmure d	oficiency	Fyndrony	ROXIMATE INTERVAL EEN ONSET AND DEATH			
l	Canditians, if any, which	DUE TO, OR AS A CÓNSEQUENCE OF Conditions, if any, which (1b)								
1	gave rise to immediate cause (a), stating the	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF								
1	underlying cause last. (c)									
	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART	11(a			
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION W	AS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU				
			DAY YEAR	. HOW INJURY OCCURE		JRY IN ITEM 18 PART 1 OR PART	2)			
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19 211	LOCATION						
AR	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	STREET	CITY OR TO	OWN COUNTY	STATE			
	220-1 certify that (I) (this haspit saw the deceased alive on abave, (I) (we) (did) (did nat	11124	27	at in (my) (aur) apinian	, ta// death occurred on the o					
	alle &	malloy.	DEG 2.1.	ATTENDING PHYSICIAN	MEDICAL STA	AFF _ //	124/87			
	ADELIA S.	MALLONGA		DEER'S A		NER				
230	BURIAL, CREMATION, REMOYAL (SPECIFY)	23b. DATE 11-30-87	GRBBN	MEM. TK	23d. LOCATION SHORTON ALISE	ney wi	LO Ma.			
24	FUNERAL DIRECTOR NAME OOKS	7/H. 50RE	Fisbury	mde 1250 DAT	QV 25 1987	256 RIGISTRAR'S SIGN	NATURE			
-		1				,	-			

DHMH - 16 60M 7/B4

(VRA 15, 4)

BP.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO DATE KNOWN (TYPE OR PRINT) OF ESTI-Timothy DEATH MATED 11-28 1987 King 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED MALE Black 15-1964 23 DEAD 11-28 1987 10 a. M 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MARYLAND W. S.A Wicomico County, WIDOWED | DIVORCED CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY Peninsula General Hospital Salisbury nbunen HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS OMERSE NO 🔀 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST King HAZEL BRYSON 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 7. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1982 - 1985 HAZEI CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Neck and Head Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to FORWARDED TO THE CHIEF M TORK PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PROPE TO BURLAIL, C 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AND MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING WOR 10:40PM 11-27 19 87 pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) Somerset Ave., Princess Anne, Somerset Co., Md. WHILE NOT WHILE AT WORK street PACE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PI AFIER DEATH WITH THE ST. BALTIMORE, MARTEAND, 2 Autopsy XX 22a I certify that I took charge of the remains described above, held on Inspection and in my opinion Accident X deoth resulted from: Notural couses Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 11-29-87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23g BURIAL CREMATION REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATOR 07/84 25M 24. FUNERAL DIRECTOR 258. DATE REC'D. BY REGISTRAR (25b. REGISTRAR'S SIGNATURE DHMH - 17 Develope. (VR A15 ME (5))

STATE OF MARYLAND



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STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE	7 3 3
C -3 8	CEASED NAME FIRST	TEONA KIRWAN May	KIRWAN	20. DATE OF DEATH MONTH	-87 11 • 1
3. SI	Female	4. RACE White	5 DATE OF BIRTH 5016-1912 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 75 YRS	IF UNDER 1 YEAR IF UND MONTHS DAYS HOURS
7a. E	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT WICOMICO COUNT	
SA:	CITY OR TOWN OF DEATH LISBURY	SALISBURY NURSI	NG HOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING SEAMSTRESS	12b KIND OF BUSIN
130.	STATE 13 WO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	YES NO TO	136.STREET ADDRESS / ZIP COL	DE 21865
14.5	ATHER'S NAME FIRST Carlton	H. Moore LAST	IS. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECU EVE WAR OR DATES) 213-24	4.55.51	ADDRESS Irwan, Tyaskin	, Maryland
r, or other fro	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	ENCE OF	LINAL DISFASE OR CONDITION G	IVEN IN PART 110
8 shows ony injury	19a DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YI	ES, WERE FINDINGS US IFYING CAUSES OF DEA YES NO
d or Item 18 st	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	EATH	AY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	COUNTY
em 21 is morked	saw the developed alive of	pital) ottended the deceased from_	1-7 198/	death occurred on the date and ha	19 Z, that (I)
MPORTANT: If he	CARL M. BEARDS	COMMON DO	ATTENDING PHYSICIAN DE 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	11/27
230	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	L 23b. DATE 23c. N	ICTVIC AVE # NAME OF CEMETERY OR CREMATORY Bivalve Cemetery	23d LOCATION CITY OF TOWN	Y, MD. 218 Marvland

DHMH - 16 60M 7/84 (VRA 15, 4)

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Brwalve, Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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Content on Traces - Faring F.

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0.7	27	41	NOV	FOR - STATE		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH					
	pe	eoth 3		1. DECEASED NAME (TYPE OR PRINT)	Moogon	Bloxom	KIXWZn	2 a C			

2n DATE OF DEATH 2h HOUR 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS MONTH WHAT COUNTRY? BALTIMORE CITY OB COUNTY OF DEATH 7a. BIRTHPLACE ATE OR FOREIGN

MARRIED NEVER MARRIED DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TOWN OF DEATH

12a USUAL OCCUPATION 12h KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE) SIREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS?

17 INFORMANT ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

18. CAUSE OF DEATH (Enter only one cause per line for tal 16) and ich PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

Conditions, if any, which gove rise to immediate couse (a), stating DUE TO OR AS A CONSEQU underlying couse lost.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES 🗔 NO F 718. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION

COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the dec

saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not view the bady a 22h SIGNATURE DEGREE 22c DATE SIGNED

MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRE

230 BURIAL CREMATION, CEMETERY OR CREMATORY REMOVAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

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FUNERAL DIRECTOR:

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MPORTANT, If Bern 21 is m

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

1.	- STATE	DEPARTM	IENT OF H	EALTH AND MENTAL HTG	IENE	10.00	119 175	2
	REGISTRAR		CERTIF	ICATE OF DEATH	& REG. NO	o. U	1 6	0 4
LOE	ASE NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
1000	HenR	U HILFS	Ko	estea	12.	30-	87	2=2
1. 5E		RACE	5. DATE C	OF 8IRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
	MALC	White	MONTH	6 1905	82	YRS.	INTHS DAYS	HOURS MIN.
7s. B	IRTHPLACE (STATE OR FOR IGN 76.	CITIZEN OF WHAT COUNTRY?	8.		9 BALTIMORE CITY O		F DEATH	
D	MARYLAND	U,S,A	WIDOWE		WICOM			MD.
10. C	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSIN	•	OR OTHER INSTITUTION	120 USUAL OCCUPATI		12b. KIND.C	OF BUSINESS OR
1	Caliabus. 1	O IF MOT IN SUCH FACILITY, GIVE STREET	PDRESS)	0	LIMPE OF WORK FOR MOST O	FWORKING LIFE)		
457/	ALISDURY	IVEL MAIL II	17/40	K	ne lived 3	CURI	1 F00	OSERVIC
130.5	AL RESIDENCE (IF AURSING HOME OR OTI TATE 1 136, COUNTY	13c. CITY OR TOWN	V	134. INSIDE CITY LIMITS?	13e,STREET ADDRESS	ZIP CODE		
1	MARYLAND WILL	MICO SALISDA	114	YES 👩 NO 🗌	KIVENSID.	e Hom	125	7180/
IA: EX	ATHER'S NAME	DIE 1/ LAST J		15. MOTHER'S MAIDEN NAM	AE MIDDLE			ST 1
	HENR4	KOESI	20	MARGATE	7)eqe	LKen
	WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		RITY NO.	17 INFORMANT	ADDRE	SSINIVE	BNOK -	\
L	NO	215-03-1	551	Dr HAMAY M	orth si	LISBU	MIME	3 21801
	18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and	(c).)		1	,	BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSED E	COMPANY:	nou	asculan o	accident	7245		
	IMMEDIATE	DUE TO, OR ASLA CONSEQUE						
1		11	20					
	Conditions, if ony, which gove rise to immediate							
	couse (a), stoting the							
1	underlying couse lost.							
	PART 2. OTHER SIGNIFICANT COI	IN PART I	o ·					
S	A STATE OF THE STA							
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	CONDITION FOR WHICH OPERATION WAS PERFORMED			20b. IF YES,	WERE FINDI	NGS USED
黃		100			YES T NOT	YES		S OF DEATH?
18	71g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR			لسيبا	
1.5	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR		ED (ENTER TARIORE OF THE	11 11 11 2/11 10 1 14	11 (01 1 11 1 2)	
2	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19					
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM FTC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
2	AT WORK		, ,		,		~ ~	
	220.1 certify that (1) (this hospital)	ottended the deceased from_	7 -	21 19 8 4	10 12-13	4 19	18	that (we) last
	sow the deceased alive on /	712-30 198	, or	nd that in (my) (our) opinion d	leath occurred on the de	ote and hour	and from the	causes stated
	above (I) (we) (did) (did pot) v	new the body offer death.		DEGREE			22c. DATE	SIGNED
	OI C	112	-30 82					
1	224. PHYSICIAN'S NAME (TYPE OR PE	PINITI		PHYSICIAN PHYSICIAN	DIRECTOR PHYSIC	IAN 4		
	I Blay & Bu	Ikolo.		Para BluF	CP) S	0 T.	-C.	0 21521
22.	ACILIA I DE	INCLEY	IAME OF C	WINE VEDI	23d LOCATION	agun	4 mis	C 1107
230.	BURIAL, CREMATION, REMOVAL	236 DATE 231	IAME OF C	EMETERY OR CREMATORY	73d. LOCATION	1	сориту	AASTAE.
_	DUTIAL	1-191178/11	11'50	NS CEMETERY	SAUSDU	my u	116.	1410
24 F	UNERAL DIRECTOR / 1	Appeal		hand 250. DATE	REC'D. BY REGISTRAR	256 REGISTR	R'S SIGNA	Mandall
1 1	SAKNO Y KO	UNICS MITE	Bin	INCI IA	N D TORR	Sturiaria	SN/don.	

077 772 1 - 1 2 2 Electrical and the second states and the A service of the serv The state of the s with the first the country of the control of the first that And the start of t BER C VAL

completely filled in by the fuferal director, page 3

injury, or other troumotic event, the

should be detoched for use as the buriol-transit permit. Then pleose remove carbonpape with the Stote Dept. of Health ond Mentol Hygiene prior ta buriol, cremotion, or removol.

IMPORTANT: If Item 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been

BP.

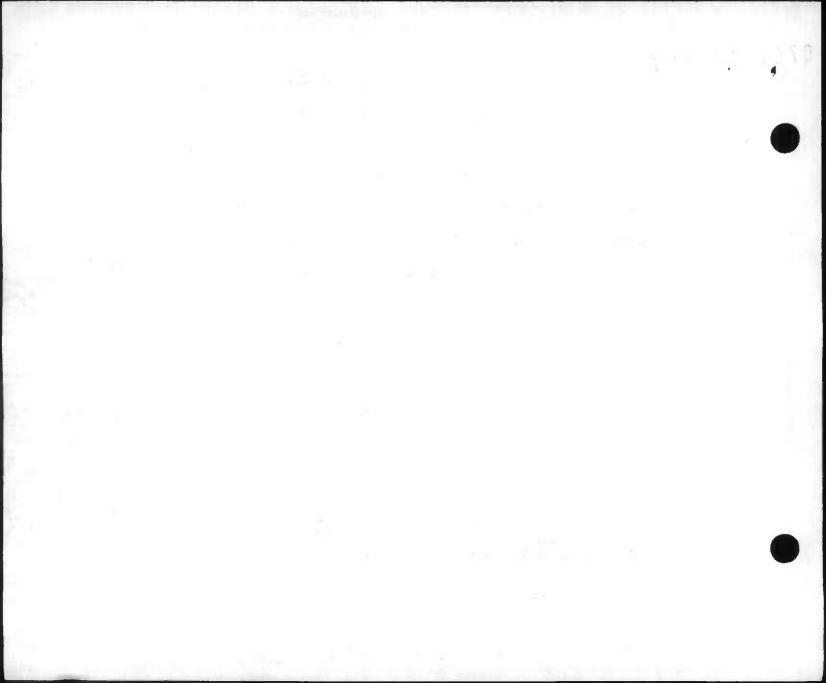
DHMH - 16 50M 1/B1 (VRA 15, 4)

es that the death certificate be executed within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND
BERARTHENT OF HEALTH AND MEN

	1-	FOR STATE REGISTRAR		DEPARTMENT OF F	IEALTH AND ME		ENE REG. NO	. 3 7	57	3	5
	(b) E	EASED NAME FIRST OR PRINT) MARLE		no.	AUSE	2	DECEMBE	MONTH DAY	1987	25 HOU	10 M
	3. SEX		4. RACE	5. DATE (YEAR	AGE (IN YEARS LAST BIRT	MON!	THE DAYS	IF MODER	24 HRS MIN.
		emale	White	12	2 30 1	934	52	YRS			
	0	CTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT CO	OUNTRY?	D NEVERMA	RRIED -	9. BALTIMORE CITY O	R COUNTY OF	DEATH		
		Missouri	U.S.A.	WIDOWI		RCED 🗌	Wicomico				MD.
	Sa	Y OR TOWN OF DEATH	11. NAME OF HOSPITA (# NOT IN SUCH FACILITY, Peninsula G	GIVE STREET ADDRESSI eneral Hos		UTION	120 USUAL OCCUPATH (TYPE OF WORK FOR MOST OF Housewife	WORKING LIFE)	126. KIND O INDUSTRY	F BUSINE	SSOR
	13a. S	100 000	NTY 13c CITY	PENCE BEFORE ADMISSION) Y OR TOWN Lisbury	134 INSIDE CITY	LIMITS?	130. STREET ADDRESS 113 Riden	Court	218	801	
		THER'S NAME FIRST Alfred	WIDDIE	hter	15. MOTHER'S A	\$1			rman	iT.	
	14	AS DECEASED EVER IN U.S. AI	IVE WAR OR DATEST	8-30-7295	17. INFORMAN	Mr. E	Elmer Kraus t., Salisbury	SS (Hush	and) 1801		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA	inly ane cause per line for (ED BY: NTE CAUSE (o)	a), (b), and (c).)	Caser.	- of	Lung			MATE INTER	
	N	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C (b) DUE TO, OR AS A C (c) CONDITIONS CONTRIBU	ONSEQUENCE OF	NOT RELATED TO	O THE TERMIN	NAI DISEASE OR CONE	DITION GIVEN	IN PART 10	a	
7	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FO	DR WHICH OPERATIO	ON WAS PERFORM	MED	20s AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES		H?
		218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	HOUR A.M. MC	Y ONTH DAY YEAR 19	21c HOW INJU	IRY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUI (AT HOME, STREET FACTO	RY DRY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	51	TATE
		220.1 certify that (1) (this hosp saw the deceosed alive or above, (1) (we) (did) (did no	12-1	19 67	nd that in my (a	ur) apinion d	eath accurred on the do	te and hour an		that (I) (v	
	1	226. NIGNATURA	an coo		DEGREE MO ATT	TENDING TYSICIAN	MEDICAL STAP	F IAN []	22c. DATE		F
		22d PHYSICIAN'S NAME (TYPE	E. Corave	7	22e ADDRESS	gica	Cita Se	Mobile	2 000		
	{	urial, Cremation, Removal Burial	12/28/198		cemetery or cr of Heave	n Ceme	23d LOCATION CITYOR TOWN ETERY Silver	Spring,	OUNTY	Md.	TATE
	24 EL	NEDAL DIRECTOR				250 DATE	PEC'D BY PECISTRAP	TEN DECISTRAE	O'C CICNIAT	LIDE	

Hölloway Funeral Home, P.A., Sälisbury, Maryland DEC 2



injury, or other troumotic event, the

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	87	STATE REGISTRAR		CERTIF	ICATE OF DEATH		B REG. NO	o. 🔞	7 2 3	, 0
		CEASED NAME FIRST	DCNNIS	LA	be	20	DATE OF DEATH	2 18	1987 4	+ PM
	F		white	5 DATE C		2 6	AGE (IN YEARS LAST BIRT	HOAY) IF I		NDER 24 HRS
	7a BIR	RTHPLACE ISTATE OR FOREIGN 76 C	ITIZEN OF WHAT COUNTRY?		NEVER MARRIE	ן בי ט	BALTIMORE CITY OF		DEATH	
+	10 CI		NAME OF HOSPITAL, NURSIN			N 12	USUAL OCCUPATION	NC	126 KIND OF BUS	MD.
		UILLAROS LL RESIDENCE (IF PURSING HOME OR OTHER				1/1	etiped Li	alcsh.	est Me	TAL
1	M	THERE NAME	110 WILLARD	75	YES NO NO		P. O. BOX	ZIP CODE	318	14
		RAY ADI	DENNI	S	15. MOTHER'S MAID	16	MODIE		DeNNIS	5
		(AS DECEASED EVER IN U.S. ARMED ES DOOR UNKNOWN) (1F YES, GIVE WAR		350	LAWRENCE	el.L	Abe Wil	Bax LANS,	48.8 Md. 21	874
		18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY IMMEDIATE CA	C 3:	d (c).1	espiratur	7	Arrest		APPROXIMATE BETWEEN ONSET	NTERVAL AND DEATH
		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	162	Carci	20 m	4	-		
	NOI	PART 2 OTHER SIGNIFICANT CONT	DITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO TH	e termina	al disease or cont			
	CERTIFICATION		19b. CONDITION FOR WHICH	OPERATIO			200 AUTOPSY? YES NO	IN CERTIFYIN		USED DEATH? O
7		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	AY YEAR	21c HOW INJURY C	OCCURRED	(ENTER NATURE OF INJUR	RY IN ITEM 18 PART	1 OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WMILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1) (this haspital) of saw the deceased alive an abave, (1) (we) (did) (did nat) vie	19		, 19, 19, 19		, to th occurred on the do		nd from the cause	
		226. SIGNATURE	2		DEGREE ATTEND PHYSIC		MEDICAL STAF		12/21/8	
		22d PHYSICAN'S NAME (TYPE OR PRIN Floyd E. Gray, 1					E. & Phill	lip Mor 1801	ris Driv	re
	23a B			NAME OF C	EMETERY OR CREMA		23d. LOCATION CITY OF JOWN	5 1,5	SUNTY OM 1/2	מאאים
	13 FU	AKEN & BOUNDS	SALISOUN	p, Mc	7.21801	DEC"	23 1987	25 DEGISTRA	SIGN/A P	

DHMH - 16 60M 7/84 (VRA 15, 4)

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7	200	20	MOV		FOR STATE			DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE	· 7	4	7 2	3 7
1	23	ZO	₩OV		EASED NAME	FIRST		MIDDLE		AST	2a DAT	E OF DEATH	MONTH D	AY YEAR	26 HOURS
	e A	poge 3			OR PRINT)	JRICE		A •	LAME	ERTSON		EMBER		987	5 P M
	e 4 mo	ctor po		3. SE	male	4	RACE	white	5. DATE O	DAY YEAR		IN YEARS LAST BIRT	YRS.	FUNDER I YEAR	HOURS MIN.
	Pog	dire	in a	1000	RTHPLACE (STATE OR	FOREIGN 76		WHAT COUNTRY	2 8		9 RAIT	MORE CITY OF		OF DEATH	
	deoth	Derol	21	I	Maryland	1	US		WIDOWE		□ Wic	omico			MD.
_	ofter	by the f		17	TY OR TOWN OF DE Lisbury	- 4	LIF NOT IN SUC	HOSPITAL, NURS HEACILITY, GIVE STRE Ula Gene	ET ADDRESS)	ROTHER INSTITUTION	(TYPE OF	WORK FOR MOST OF	WORKING LIFE	INDUSTRY	
120	SUC	d b	4-6	USU	AL RESIDENCE IN NUR					spital	Into	ensed	FIEC	dr TCT	an
ND 2	within 24 hours	filled b			ryland	Wor ce		Pocomo		YES NO 🛣		te #3,		191	21851
YEA	iffi	2 to C	10/2	14 FA	THER'S NAME		DDIE	LAST		15. MOTHER'S MAIDEN		MIDDLE			
MAR		elong Populari	XEX.	1	Isaac	Har	rison	Lamber		Flore	ence			Ar	dis
ORE,	executed	puo	S		VAS DECEASED EVER (ES, NO OR UNKNOWN)		WAR OR DATES	166 SOCIAL SEC		17 INFORMANT		ADDRE:	old Si	now H	ill Roa
Ĭ.	e e	c a.	CP.		no			217-14-	8677	Harrison	Lambe	rtsonP	ocomo	oke C	ity, Md
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	certificate	ottending physicio			18 CAUSE OF DEAT PART I. DEATH V	M (Enter only VAS CAUSED IMMEDIATE	BY	line for cay (b).	Ther	boutope	med			BETWEEN	(MATE INTERVAL ONSET AND DEATH
STON	deoth c	Hendir		~	Canditions, if any	which	DUE TO, O	r as a conseo	uence of	/					
W. PRE	the d	by the of	or other traum		gave rise to im couse (o), stati underlying caus	mediote ng the	DUE TO, OI	R AS A CONSEO	UENCE OF	E					17
5, 201	orres #	igned	<u>خ</u> و	z	PART 2 OTHER SIG	nificant co	NDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL DIS	EASE OR CONE	OITION GIVE	N IN PART 1	a
ORD	e	en s		은		TION	Tin cour	TION FOR WHILE	0050 4710	THE PERSONNER	I an	AUTOPSY?	Tabl IF VEC	, WERE FIND	NICEUSED
IL REC	he low	hos be	ene prio	CERTIFICATION	19a DATE OF OPERA	TION	TYB COND	IIION FOR WHIC	.H OPERATIO	n was performed	YES		IN CERTIF	ING CAUSE	
JE VITA	PHYSICIAN: The	0 = 1	Hyg 18 sh		210. ACCIDENT WAS UN	CAUSE OF DEATH	'	M. MONTH		21c. HOW INJURY OC	CCURRED (ENT	ER NATURE OF INJUR	Y IN ITEM 18 PA	ART OR PART 2}	
NO	YSIG	ding scerif	Mental or Item	MEDICAL	214 INJURY OCCUP		P. 21e PLACE		19	211 LOCATION					
IVISIO	NG P	ter thi	olthond	ME		HILE 🗀		REET, FACTORY OFFICE	E FARM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
۵	NO.	ol or	Heolfl is mo		220 I certify that (I saw the decea		trattended th	e deceased from	8/	1/8		///		19_81	that (I: (we) last
4	F	Spit	1 of m 2 l	1	abave, (1) (we)	did) (did not)	wew the body	after death.		nd that in (my) (our) op	inion death acc	urred on the do	ite and haur		
	AL OR	the hi	te Dep		226. SIGNATURE	3 /11	ne	\ MI		DEGREE ATTENDIN PHYSICIA	NG MEDIC	CAL STAF		11 10	182
	SPITA	d by	TANT.	1	22 d. PHYSICIAN'S N	AME (MPE ON	PRINT	1/0-1-		22e ADDRESS				14 - 1 -	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

24 FUNERAL DIRECTOR

11/14/87

236 DATE

23c. NAME OF CEMETERY OR CREMATORY Remson Meth.

Cem. Pocomoke

Pocomoke City, Md.

Worcester Md.

A CONTRACTOR OF THE PARTY OF

236 DATE

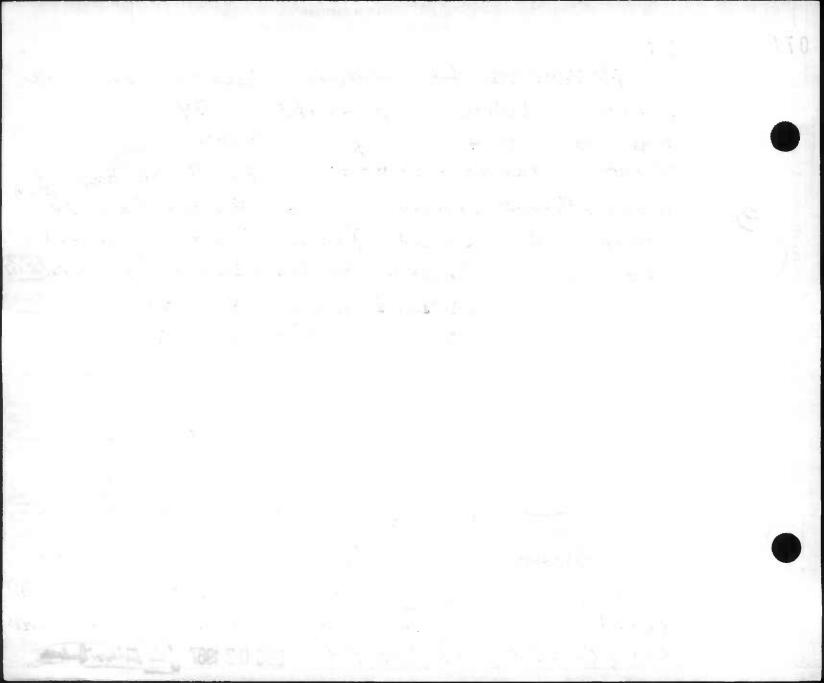
STATE OF MARYLAND

CITY OF TOWN SFICEL

GISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15. 4)

UMA 24 FUNERAL DIRECTOR



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by the funeral director, page 3 filed within 72 hours after death

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attendi

intified at onc

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

18	87-	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HY		3 7	12	3 9
	1 DEC	EASED NAME FIRST	WIDDLE		AST	REG. N	MONTH DAY	YEAR	2b. HOUR
		OR PRINT)			GELER		MBER 12,		. 2.112
	3. SEX	VIKGINI	7 . In RACE	5. DATE C		6. AGE (IN YEARS LAST BI		DER I YEAR	1840 M
	J. SEX		1 RACE	MONTH	DAY YEAR	5 /	MONT		HOURS MIN.
		TEMAG	WAIT	70 3	-25-190		YRS	22.1-11	
91		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
	10	erio Kila	0.3.14.	WIDOWE		<u> </u>	10.11		MD.
>	ï	TY OR TOWN OF DEATH Lisbury	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY OF Peninsula Ge)	ve street appressi neral Hos	pital	120 USUAL OCCUPAT		26. KIND O NDUSTRY	TO SK
1	USUA 130 S	AL RESIDENCE (IF NURSING HOME OF			13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	DEIP CODE /	7/3	318011
	M	DRULAND WI	umica SM	ISBURG	YES NO	G04 /	ine 6	SIUF	FRO
grant .	IA.FA	THEST'S NAME	MIDDLE -	Ast	15. MOTHER'S MAIDEN N	IAME MIDDLE	//	LAS	л /
1	44	MARRIS	13. /ho	MAS	1/1291	NIA ADDR	10N9	CR5	son
		AS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	AL SECURITY NO.	17. INFORMANT	LANGELE	e 5%	me,	AS 13e
		18 CAUSE OF DEATH (Enter or	aly one couse per line for (o)	, (b), and (c).)	60	1110	/	APPROXI BETWEEN	IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE		Dioger.	CC BSOCT	c Yen!	AS 208	5-le	
			DUE TO, OR AS A COL	NSEQUENCE OF			0		
		Conditions, if any, which		20723	LE 2m 5-	me			
		gove rise to immediate couse (a), stating the	DUE TO, ODAS A CO		0				
		underlying couse lost.	CAI	2 GOLINGE OF					
	7	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR CON	DITION GIVEN	N PART IIC	p
9	CERTIFICATION	NA DAYE OF ODERATION	TIME CONTRIBUTION FOR	WILLIGH OREDATIO	NI WAS DEDICORNED	20a AUTOPSY?	20b. IF YES, WI	EDE EINIDIN	ICS USED
4	FICA	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		IN CERTIFYING	G CAUSES	OF DEATH?
1	RTI	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21: HOW IN ILLEY OCCI	JRRED (ENTER NATURE OF INJU	YES _	-	NO 🗌
0		OR CONTRIBUTING CAUSE OF DE	1 110110 4 11 11011	TH DAY YEAR	THE HOW WOOK! OCCU	TREE (ENIER NATURE OF INJU	RY IN HEM IS PART I	ORPART 2)	
7	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19	21f. LOCATION				
	MEC	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	, OFFICE, FARM, ETC.)	STREET	CITY OR TO)WN	COUNTY	STATE
		AT WORK			/10 10 8	7 (1	1.5	87	
		22a. I certify that (I) (this haspi saw the deceased alive an		~-	nd that in (my) (our) opinio	un death accurred on the d	late and hour on		that (1) (we) last
	- 1	abave, (I) (we) (did) (did in	view the body ofter death	h	DEGREE		ore one neer on	22c DATE	
		1	4/4TK	\$	ATTENDING	MEDICAL STA		11/	12/12/
A.		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		PHYSICIAN 22e. ADDRESS	TOTRECTOR PHYSI	IAN [11/1	12/0/
		- The state of the	AFFETTO		PG 13	Y			
	23a. B	URIAL, CREMATION, REMOVAL	<u></u>	23c. NAME OF C	EMETERY OR CREMATOR	23d. LOCATION			
	1	SPECIPI)	11/14/150	PARS	ens Cam	CITY OR TOWN	Bury	YTAUC	noth
	24. FL	INERAL DIRECTOR	1,1101	5		ATE REC'D. BY REGISTRA	256. REGISTRAR	S ŞIGNAT	URE
4	7	30xx 4 /9	dunds 3	DORESS	y Md. N	UV 1 7 1987	Julia D	cordern.	Kondaels

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

MPORTANT: If Item 21 is marked at Item 18 shows prin

TO FUNERAL DIRECTOR: After this certificate has be should be detached for use as the burial-transit permit the State Dept. of Health and Mental Hygiene me etained by the haspital ar attending physician.

VOV 1-7 1982

Milsboro, Deli

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

9999 (VRA 15-9)

24 FUNERAL WIRECTOR



DHMH - 16 60M 7/84

(VRA 15, 4)

MEDICAL

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

FOR - STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND SEALTH AND MENTAL HYC SICATE OF DEATH	B REG. NO.	7 2	4 1
1. OF CEASED NAME FIRST (TYPE OR PRINT) SHIRLEY	R.		RENCE	NOVEMBER 3	0, 1987	6:45 p
^{3 SEX} Female	4. RACE White	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY) 51 YRS.	IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
Maryland 10. CITY OR TOWN OF DEATH	75. CITIZEN OF WHAT CO U.S.A.	MARRIE		9 BALTIMORE CITY OR COUNTY WICOMICO 120 USUAL OCCUPATION		MD F BUSINESS OR
DELMAR	ROUTE #3	- CHESTN		TYPE OF WORK FOR MOST OF WORKING LI		- BUSINESS OR
130. STATE 136 CO Maryland W	UNTY 13c. CITY	or town elmar	13d. Inside City Limits?	Route #3 Chestn	e out Hill	21875
14 FATHER'S NAME FIRST C.		odes	15 MOTHER'S MAIDEN NA FIRST Mabel	ME MIDDLE Ann	Ewi	
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	-32-6142	Robert M. Lav	wrence RD 3 Chest		21875 Delmar
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED), (b), and (c),)	Connces		APPROXIV BETWEEN C	MATE INTERVAL DNSET AND DEATH
Conditions, if any, which gave rise to immediate cause to), stating the underlying cause lost	DUE TO, OR AS A CO	DNSEQUENCE OF				
PART 2 OTHER SIGNIFICAN	t conditions <u>contribut</u>	ING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	VEN IN PART 110	,

20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN

220.1 certify that () (this haspital) attended the deceased from saw the deceased alive an June 15 saw the deceased alive on June 15 above, Φ (we) (did) (did no) view the body after death and that in (my) (aur) apinion death occurred on the date and have and from the causes stated

DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN D 12/01/1987

274 PHYSICIAN'S NAME (1195 OF MINE)

145 E. Carroll Street, Salisbury, Md. 21801

Salisbury

Joseph A. Grasso, M.D. 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23c. NAME OF CEMETERY OR CREMATORY

Wicomico Memorial Pk

24 FUNERAL DIRECTOR Newman Funeral Home, P.A., "Easton, Md.

12/3/87

Wicomico

STATE

MD

DEC 03 1987 July 22 July 20 July

2	520	VOV.	1-20	FOR STATE ORGISTRAR			DEPARTA	MENT OF H	OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYGI	8	REG. NO	3	7 3		* 2 ***
-	0 2 0 .			CEASED NAME OR PRINT)	BUD		MIDDLE		AST		20. DATE (ONTH 4 D	, 198'	2b HC	
	poge 3				עטפ			LEN			1 ACE	YEARS LAST BIRTH		IF UNDER I YE		20p M
	- in the	/	3. SEX	Male		4. RACE Whi	te	5. DATE C	DAY	YEAR	6. AGE (IF	70	YRS	MONTHS DA	S HOURS	
	neral direct	-5		RTHPLACE (STATE OR FOUNTRY) Arkansas		76 CITIZEN OF	WHAT COUNTRY?	9	NEVER MA	RRIED -		ORE CITY OR COMICO	COUNTY	OF DEATH	•	MD
		C	10 CI	ry or town of DEA Salisbury			HOSPITAL, NURSIN HEACILITY, GIVE STREET Irground	IG HOME C		UTION		LOCCUPATIC ORK FOR MOST OF Uty				
-	filled in boors	33	USU/ 130. S	TATE	NG HOME OR 13b COUN Somer	ITY	GIVE RESIDENCE BEFORE 134. CITY OR TOW Crisfiel	N	13d. INSIDE CITY YES 📉 N	LIMITS?		ADDRESS /				1817
		11	INF	THER'S NAME		WIDDLE	LAST		15 MOTHER'S M		ΛE	WIDDLE			LAST	
	15.	M		John		eslev	Lentz		Jac	ckie		Mae		Geor		
	(")		C	AS DECEASED EVER	(IF YES, GIV	MED FORCES?	166 SOCIAL SECU		17 INFORMANT			ADDRES	_			
	0 0 0	1		Yes	WW	II	431-26-8	259	Hettie 1	r. Len	tz -	same a	3 # 9			
	p physicis on paper emoval.			PART I. DEATH W	AS CAUSE	ly one couse per D BY: TE CAUSE (o)	Mefasta	fic 1	Epide-	moid	Car	cinon	9		OXIMATE IN EN ONSET A	
	e deoth cert oftending nove corbo						r as a conseque	NCE OF			0 +	40.	5			
	ed by the offices remove			Conditions, if any, gave rise to imm couse (a), stating underlying cause	nediote g the	DUE TO, O	r as a conseoue	ENCE OF								
	signed hen ple to burio	3	N	PART 2 OTHER SIGN	HIFICANT C	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO	O THE TERM	IN AL DISEA	ASE OR COND	ITION GIV	EN IN PART	110	
	on. he low re on. hos been t permit. I	7	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	MED	70a AU	TOPSY?	IN CERTIF	S, WERE FIN		ATH?
	iySiCIAN: The ding physicial physicial is certificate burial-frantsif Mental Hy III	G		21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	SIR .	F INJURY M. MONTH DA M.	AY YEAR	21c HOW INJU	IRY OCCURR	RED (ENTER	NATURE OF INJUR	IN ITEM 18 I	PART 1 OR PART	2)	
		5 /	MEDICAL	71d INJURY OCCURE	ILE [OF INJURY REET FACTORY, OFFICE F	ARM ETC)	211 LOCATION	1		CITY OR TOW	'N	COUNTY		STATE
	TENDIN pital or a TOR Aft for use or of Health			220.1 certify that (1)- sow the decease obave, (1) (me) (a	d olive an	3 No	19_6	0 -	nd that in (my) (19_87		17 No		19 <u>\$</u> 7		
D	the hosp the hosp at DIREC letoched for the Dept. of	=		776. SIGNATURE	C, .	e day	Z, ·			TENDING IYSICIAN	MEDICA ¥ DIRECTO	L STAF		22c. D/	TE SIGNE	D 7
	O HOSPITAL Stoined by the Committee of	7		274 PHYSICIANS NA		tin, M.	n.		77e ADDRESS 145 E.	7				war M	D 24	801
	etoin F OT Shoul	-	200	oames E	PELL	Jan 2475	<i>υ</i> •	1444 05 0	142 5	OELT'O	TT 00	· / Sa.	LIOUU	ry, M	0 21	301

231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR "Bradshaw & Sons / Crisfield, MD 21817

11/19/87

230 BURIAL, CREMATION, REMOVAL

American Legion Cemetery Crisfield - Somerset - MD

tion of the property of the pr

THE PLANE FREE LONG WITH SERVICE LANGE BUREAU LONG TOURIST BOX Y

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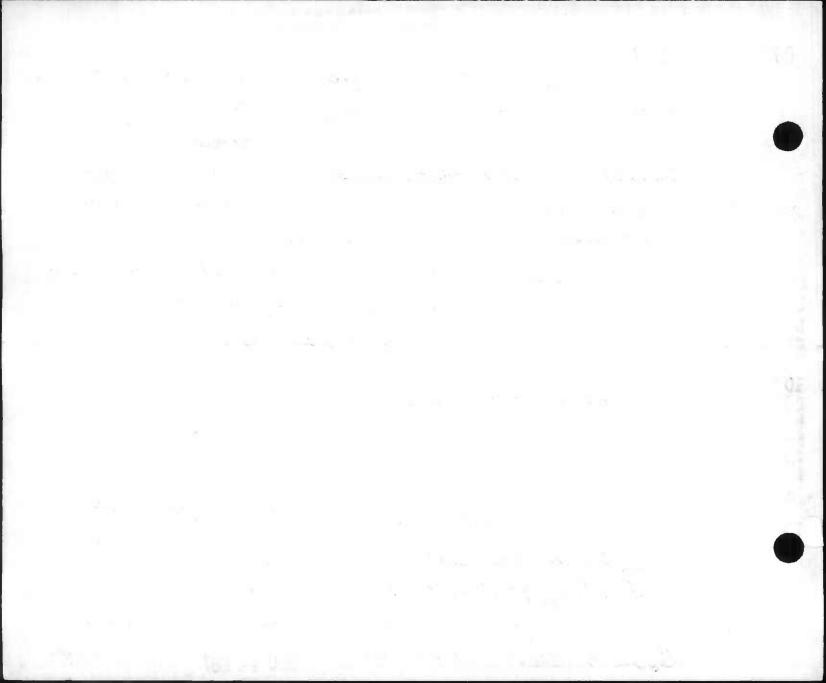
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE		DEPARTM		ALTH AND MENTAL HY	GIENE	100	··)	LL 191
5000 pg	0.1	REGISTRAR			CERTIFI	CATE OF DEATH	PEG. N	0 1)	1 6	4 0
3003 00	L DEC	PALED NAME FIRST	MID	DDLE	LA	Lynch	2a DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
n 0 0		Birdi	e Ne	eva	1	Vach	December	-8, 19	187	5 AM
T b	1.581		4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	F	emale	White		Nov.	20, 1910 YEAR	77	YRS.	THS DAYS	HOURS MIN.
2 32/4/	74. 81	THPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	18	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
# 2 (2)		issouri	U. S. A	Α.	WIDOWE		Wicomico			MD.
1190		TY OR TOWN OF DEATH	11. NAME OF HO	ACILITY, GIVE STREET	ADDRESS)	POTHER INSTITUTION	12g USUAL OCCUPATE (TYPE OF WORK FOR MOST O Housewife	OF WORKING LIFE)	126 KIND OI INDUSTRY	F BUSINESS OR
24 hour	130. 5	AL RESIDENCE (IF NURSING HOMEO TATE 136 COU elaware Suss				134 INSIDE CITY LIMITS? YES NO [X]	Rt. #1 Box	ZIP CODE	19958	9999
1 10 100	TYFA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAST	ī
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	endell Hassell VAS DECEASED EVER IN U.S. AF	MED EORGESS 1	6b SOCIAL SECU	DITYNO	Bertie A. K	ADDRI	FSS		
of the second	- ((IF YES GI	VE WAR OR DATES)						Tarrac	י דעדי
1 65 3	N	0		487-44-	3/41	John J. Lyn	ch Rt. #1	BOX 107		
1 (19)		18 CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSI	nly one couse per lu		./~	1/	1 -	0	BETWEEN	MATE INTERVAL DNSET AND DEATH
I FILL .			TE CAUSE (o)	(650	dio f	V/ won ark	y miest	4	-	
4 9809			DUE TO, OR	AS A CONSEQUE		/	y Ances			
des artite observed trough		Canditions, if ony, which gove rise to immediate	(b)	Coron	any	any thry	a sea		-	
4/4563		couse (o.), stoting the UDE TO, OR AS A CONSEQUENCE OF underlying couse lost								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			((c)							
Percent	NOL	PART 2 OTHER SIGNIFICANT MASOR	CONDITIONS CON	Blee		NOT RELATED TO THE TER	minal disease or con			
has been print pri	CERTIFICATION	19a DATE OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATION	I WAS PERFORMED	200 AUTOPSY?	206 IF YES, VIN CERTIFYIN	G CAUSES	OF DEATH?
2 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	E SE	21a ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUI		RY IN ITEM 18 PART	1 OR PART 2)	
A STATE OF THE STA		OR CONTRIBUTING CAUSE OF DE	AIR	. MONTH DA	AY YEAR					
of PerSil	MEDICAL	21d INJURY OCCURRED	21e PLACE OF			211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
A SECOND		220 I certify that (I) (this hosp	ntal) attended the	deceased from_	11/	14 19 8-	7 to 12/	8 , 19.	87	that (I) (we) last
TEN TO SEE		saw the deceased alive a		7 19	87 on	d that in (my) (our) opiniar	death occurred an the d	ate and have a	nd I am the	couses stated
REC HOLD		abave, (1) (we) (did) (did no 22b. SIGNATURE	ar) view the bady-a	rter death.		DEGREE			226 DATE	SIGNED
24 24 2		Offen to	Well	1		ATTENDING	MEDICAL STA			
E # 8 8 8 7		224 THYSICIAN'S NAME (TYPE	OR PRINT)	/ /		22e ADDRESS	Day Director 171131		1	
though the ward the w		Jeffrey	M. h	helas	nd	<u> </u>	side Dr.	50/136	ממנים	Md 2180
Wand		BURIAL, CREMATION, REMOVA				METERY OR CREMATORY	CITY OR TOWN	tre Mac	OUNTY	STATE
(8P-14-17)	_	urial	12-11-1	98/ Fo	rest	Hills Cemeter				1105
DHMH - 16 50M 7/84	74 F	UNERAL DIRECTOR	20 1 W	.1ton, De	. 1		TE REC'D. BY REGISTRAR	KEGISTRA	K S SIGNAT	UKE
(VRA.15; 4)	$\angle i$	eorge m. Si	Cost MI	iton, De	erawar	e luei	1 4 1097	1.800 1 10,00	Beren Star	Ikven



073929 DIG-396

page 3

ST	ATE	OF	MA	RYL	AND	

LAST

MONTH

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

HYG	IENE				
	B /REG. NO. 3	7	2	64	stad
1	20. DATE OF DEATH MONTH	DAY	YEAR	2b. HOL	IR
	NOVEMBER	19,	1987	223	SOPM
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
		MONTHS	DAYS	HOURS	MIN.
7	89 YRS				
	9. BALTIMORE CITY OR COUNT	Y OF DE	ATH		

3. SEX 4. RACE DATE OF BIRTH female white Dec. To BIRTHPLACE (STATE OR EOREIGN

Somerset

MIDDLE

USA

FIRST

Anna

76 CITIZEN OF WHAT COUNTRY?

MIDDLE

W

MARRIED NEVER MARRIED WIDOWEDT DIVORCED

12.

Wicomico 12a USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING LIFE

homemaker

126 KIND OF BUSINESS OR

CITY OR TOWN OF DEATH

Galisburg Peninsula Ceneral Hospital
USUAL RESIDENCE 4 IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE Rehobeth

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS? NOT 15. MOTHER'S MAIDEN NAME

William

FIRST

YEAR

189

#1 route MIDDLE

Edward

13e. STREET ADDRESS

20a AUTOPSY?

Westoven x 190 box

LAST

APPROXIMATE INTERVAL

Rudema

FATHER'S NAME Frank

Maryland

REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

COUNTRY) Minnesota

160. WAS DECEASED EVER IN U.S. ARMED FORCES? I IF YES, GIVE WAR OR DATEST

LAST Weidema 166 SOCIAL SECURITY NO

Gotske 17. INFORMANT

route box HallWestover.

213-74-5185 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o

DUE TO OR AS A CONSEQUENCE MEUMORIA

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN PART 120 UPPER GASTED WIESTWAL OSTENETIVE PERMONARY DISEASE

1 70 L	JAIL	OF	JPE	KAIR	JN.	
21a.	ACCIO	ENT	WAS	UNDER	LYING	

Conditions, if ony, which gove rise to immediate couse (a), stating

underlying couse

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

YES [NO 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART ?)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

> NOT WHILE AT WORK

P.M 21e PLACE OF INJURY AT HOME STREET, FACTORY, DEFICE, EARM ETC)

21f. LOCATION STREET

COUNTY STATE

27a.1 certify that (1) (this hospital) attended the deceased from

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226 SIGNATURE

AT WORK

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

STAFF ATTENDING MEDICAL DIRECTOR | PHYSICIAN

MPORTANT 230 BURIAL, CREMATION, REMOVAL BP

CERTIFICATION

MEDICAL

18 shaws

Te H

b

marked

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Rehobeth Meth.Cem.

DEGREE

23d LOCATION CITY OR TOWN

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

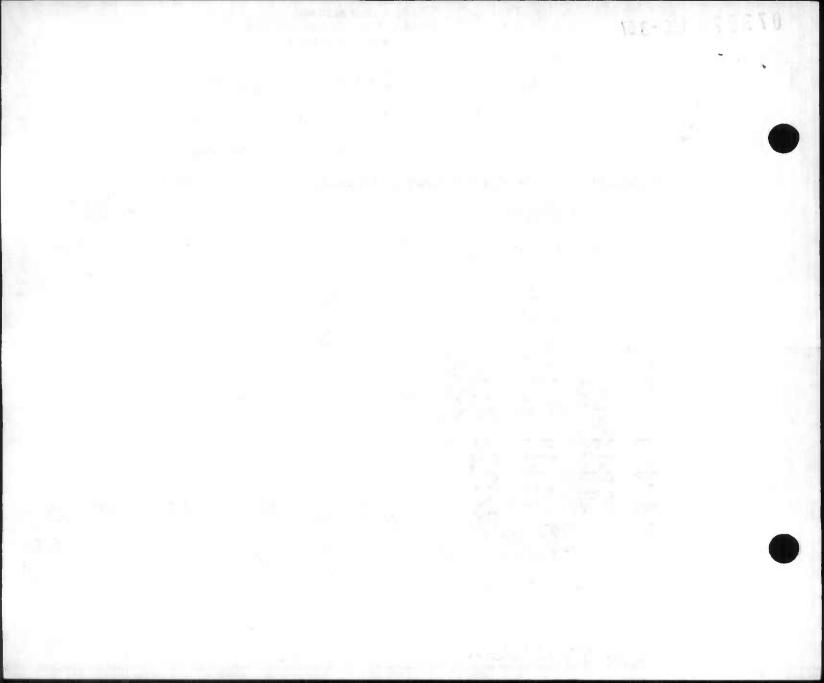
CITY OF TOWN

Rehobeth Somerset Md.

Burial 24 FUNERAL DIRECTOR

Pocomoke City, M

DHMH - 16 50M 1/B1 (VRA 15, 4)



MPDRTANT, if them 21 is

DHMH - 16 60M 7/84

(VRA 15, 4)

71992

STATE OF MARYLAND

1 - STATE REGISTRAR		CERTIF	ICATE OF DEATH	JEG NO	3 7	12 4	5
DECEASED NAME FIRST PROPERTY P	MIDDLE C. I.		AST	24 DATE OF DEATH	MONTH DAY	YEAR 26 HOL	
		IARMER			-10-87	5:18	- 1/1
Female	4. RACE Caucasi	on S DATE O		6 AGE (IN YEARS LAST BIRT	YRS.	DAYS HOURS	MIN.
BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHA	T COUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O		ATH	
Baltimore, Maryl	and U.S.A.	WIDOW	_	WICOMICO	COUNTY		MD.
SALISBURY, MD.	SALISBURY	TITAL, NURSING HOME OF BLITY, GIVE STREET ADDRESS) NURSING HOM		12a USUAL OCCUPATION OF WORK FOR MOST OF PARTNER	F WORKING LIFE) IND	KIND OF BUSING	
Maryland W		residence before admission) CITY OR TOWN Salisbury		13e.STREET ADDRESS / 410 Loblol	ZIP CODE ly Lane	21801	
Moses	Bassan	Schapiro	15. MOTHER'S MAIDEN NA/ Elizabeth	WIDDIE	Ba	ssan	
(YES, NOOR UNKNOWN) (IF YES	GIVE WAR OR DATES	SOCIAL SECURITY NO. 14-10-6761	Mr. Her 410 Loblolly L	schel Marme -ane, Salisbu	r (Son) ry, Md. 2	1801	
18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	ur only one cause per line to USED BY	or (a), (b), and y).	Heart Fa	rifuse	8	APPROXIMATE INTEL	PVAL
	DUE TO, OR AS	A CONSEQUENCE OF	NOT RELATED TO THE TERM	CALAN DISE		PART I/a	
I 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AŬTÔPSŸ?	20b. IF YES, WERE IN CERTIFYING O	FINDINGS USE CAUSES OF DEAT NO [TH?
	F DEATH HOUR A.M.	URY MONTH DAY YEAR 19	216 HOW INJURY OCCURE		Y IN ITEM IS PART I OR		
UF EITHER, NOTHY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, F.	JURY ACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn co	UNIY	STATE
22s. I certify that (I) (this his saw the decembed allowed and obstacled and the same and the sa	on the body after	death. 19 7, or			22	that (I)	met last ated
EARL M. BEAR	-		RT. 50 & CI	VIC AVE, SA	LISBURY,	MD. 218	01
230 BURIAL, CREMATION, REMOVE (SPECIBULIAL)			emetery or crematory ael Cemetery	23d. LOCATION	, Wicomi		
24 FUNERAL DIRECTOR Holloway Funero	al Home, P.A	., Salisbury,	Maryland 25a DATI	E REC'D. BY REGISTRAR V 1 6 1987		SIGNATURE Lear Reador	u,

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer feath. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by thy funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbinopers. Pages, Pand 2 should be filled within 72 hours after death with the State Deat of Health and Mental House prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other troumdrice, event, the medical examine must be confined at once.
DIVISION OF VIT	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the haspital or attending physician.	TO FUNERAL DIRECTOR, After this certificate should be detached for use as the burial-trans with the State Deat of Health and Mental Hyan	IMPORTANT: If them 21 is marked or Item 18 st

073	3025 NOV 2	5 8	EOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND MENTA ICATE OF DEATH		NE REG. NO	3	~	2	4 6
	noy be poge 3 rr death	(TYPE		ohn Oh	W	estly	[V]F	artin '	~ 2	NOVEM!	MONTH BER	22/	YEAR 21	1048 M
	ge 4 mg ector. p	3. SE)	Male		White		5. DATE C			AGE (IN YEARS LAST BIR	YRS	MONTHS	DAYS F	OURS MIN.
	nerol dir	(RTHPLACE (STATE OR FO OUNTRY) den, Maryle		76 CITIZEN OF		RY? 8. MARRIEI WIDOWE	NEVER MARRIE	D - 1	BALTIMORE CITY O	R COUNT	Y OF DEA	тн	MD.
5	by the followith followith		TY OR TOWN OF DEA	тн			eral Ho	R OTHER INSTITUTIONS Spital		20 USUAL OCCUPATION OF WORK FOR MOST OF CORPORATE TO THE PROPERTY OF THE PROPE		(FE) INDU	CIND OF E JSTRY illwo	BUSINESS OR
BALTIMORE, MARYLAND 21201	24 hour	130 S	L RESIDENCE (IF NURSI ATE Varyland	NG HOME OF 13b COUR Wice	OTHER INSTITUTION NTY	GIVE RESIDENCE B 13c. CITY OR T Salis	OWN	13d INSIDE CITY LIM	AITS?	Route #1	ZIP COD	-	1/5	100
MARYLA	ompletely and 2 showing examiner	14 FA	John	F	denry	Mart	in	15 MOTHER'S MAID Adele	EN NAME	WIDDIE		Wille	LAST	
IMORE,	n and co Pages		VAS DECEASED EVER I		MED FORCES? VE WAR OR DATES}		3-4716	Same as #	lrs. E #13e	lsie M. Mai	fin (V	Vife)		
7	rifficate b		18 CAUSE OF DEATH PART I. DEATH W.		nly one couse per ED BY: TE CAUSE (0)	line for 101, (b	ond (c)	ulau pac		nt		38	APPROXIMA TWEEN ON	ATE INTERVAL SET AND DEATH
W. PRESTON ST	that the death ce d by the attending lease remove carb ial, cremation, arr or ather traumatics.		Conditions, if ony, gove rise to imm couse (a), station underlying couse	rediote	(b)_	R AS A CONSE								
DIVISION OF VITAL RECORDS, 201	n. or oos been signed oos been signed oo prior to burio w ooy injury, or	CERTIFICATION	PART 2 OTHER SIGN 190 DATE OF SPERAT	ngri	na Ne	ctoris		NOT RELATED TO TH		200 AUTOPSY?	20b IF YE	S, WERE FYING C	FINDING AUSES O	F DEATH?
OF VITAL	if SICIAN: The ding physicia physicia is certificate burial-transit. Mental Hygie or Item 18 sho		210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	ATH HOUR A.	M. MONTH	DAY YEAR	21¢ HOW INJURY O	OCCURRE	YES NO	1	PART I OR P		NO []
Noisivi	G Ph orten orth ond ked o	MEDICAL	21d INJURY OCCURR	ED	21e PLACE			211 LOCATION STREET		CITY OR TO	WN	COU	NIY	STATE
٥	TTEN TOR for us of He		22a I certify that (I) sow the decease above, (I) (we) (d	d olive or	1112	21	Val		opinion de	ath occurred on the do	2 ate and ha	19_\$	•	ot (I) (we) l ost uses stoted
	rat OR AT y the hosp tal DIREC detoched for ote Dept. VI: If them.		22b. SIGNATURE	the	aw,	emid	h 1		DING CIAN	MEDICAL STAI	FF IAN 🗌	226	DATE SI	22/P7
	TO HOSPITAL (retoined by the TO FUNERAL Is should be deto with the Store IMPORTANT: If		RODNE	WE LIANE	A. WE	ENRIC	1	100 PG	OWER	ST. 5	ALIS	BUR	y r	rd.
	BP		URIAL, CREMATION, I Burial		11/25	/1987	Allen	emetery or crema Cemetery			Vicom	ico	Mar	yland
	DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	Holloway	Funer	ral Home	, Salisb	ery, Mai	yland	NOV	24 1987		TRARISS	GNATUS	Lis

NOV 24 1987 / 7-2-3-3-3-3

MPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatics

DHMH - 16 60M 7/B4

(VRA 15, 4)

page 3

STATE OF MARYLAND

CERT	IFIC	ATE O	F DEA	TH

1.	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HYOTIFICATE OF DEATH	GIENE REG. NO.	3 7 2	4 1
	CEASED NAME FIRST	MI	DDLE	LAST		ONTH DAY YEAR	2b. HOUR
11.00	Lena	М.	Mason		December 1	0. 1987	12:05 %
3. SE		4. RACE	5. DA	TE OF BIRTH	6 AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS
	emale	whit		ptember 12. 19	73	YRS.	HOURS MIN.
la. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY? 8	RRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
	aryland	USA	WIDO	OWED DIVORCED	Wicomico		MD.
10. C	ITY OR TOWN OF DEATH		DSPITAL, NURSING HOA FACILITY, GIVE STREET ADDRESS:	AE OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
Sa	lisbury		s Head Cent		retired Se	ecretary	
13e.	AL RESIDENCE (IF NURSING HOLDER STATE 130 COU	INTY	134. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2		
-		cester	Pocomoke	YES X NO	400 Laure	l Street	21851
P)	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WIDDLE		AST
\vee	Esley WAS DECEASED EVER IN U.S. A		riner 66 SOCIAL SECURITY N	Effi	e A. ADDRES	How	ard
		IVE WAR OR DATES)			400 La	_	eet
	no		213-05-20	48Alton F. M	ason Pocomo	oke City.	Md.
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per li ED BY:	CON 985	Lin Pan	1. doil in	BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
	IMMEDIA	ATE CAUSE (a)		rut rem	1 gue wie.		
	Conditions, if ony, which	1	AS A CONSEQUENCE C)F	\mathcal{U}		
	gove rise to immediate couse (a), stating the	(b)		_			
	underlying couse last	DUE TO, OR	AS A CONSEQUENCE C)F			
	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDI	TION GIVEN IN PART 1	la
ON ON	Pathologic Fi	ractive (L) Femuez	- due to Osteop	crosis Deculi	his likers	penentic
CERTIFICATION	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED
E					YES NO	YES	NO 🗆
	? TO ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE			AR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	ER) P.M		19			_
MED	21d. INJURY OCCURRED	21e. PLACE O	FINJURY ET, FACTORY, OFFICE, FARM, ETC	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK		2/2/0		4 - 14 - 10 -		
	22s.1 certify that (I) (this hasp		1 -1	, and that in (my) (our) opinion		, , ,	, that (I) (we) last
	sow the deceased alive or above, (1) (we) (did) (did n	ot) view the body a	fter death	DEGREE	deoth occurred on the dote		
	220. SIGNATURE	Clara 1	4.	A A ATTENDING	MEDICAL STAFF	12	E SIGNED
-	22d, PHYSICIAN'S NAME ITYPE	ORPRINT)	(4)	PHYSICIAN [DIRECTOR PHYSICIA	IN IA.	10.81
		hrestha.	M.D.		ad Center, Sa	lisbury. M	D 21801
23a.	BURIAL, CREMATION, REMOVA			OF CEMETERY OR CREMATORY	23d. LOCATION		
	Burial	12/13/	87 Firs	t Baptist Ce	m. Pocomoke	e Worces	ter Md.
24. F	UNERAL DIRECTOR	/	ADDRESS	25a. DA		B REGISTRAR'S SIGNA	TURE
4.5	1 7/1 / / /	de Dee	omoke Cit	Ma DEC	16 1087	the Devider	The state of the s

THE REAL PROPERTY.

To the late of the contract of

STATE OF MARYLAND

7 2	21.01	non 1	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG NO	/	1 0	11 1
1 4	340.	ADA I	7. DE	EASED NAME FIR	ST	MIDDLE	Į.	AST	20. DATE OF DEATH	MONTH DA	Y	ZE/HOUIS
	3 "5"		(TYPE	OR PRINT)	TTTE	В.	Mar.	Hhear		1. 10	87	3 300 A M
	\$ 85 E	- 1	3. SE		4. RACE	р.	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF L	JNDER I YEAR	IF UNDER 24 HRS
	4 95	2	1	Epmah	whit	-0	Feb		85	MON	THS DAYS	HOURS MIN.
	P 40	2		RTHPLACE (STATE OR FOREIG		OF WHAT COUNTRY	? .		9. BALTIMORE CITY O	R COUNTY OF	DEATH	
	\$ 15 g	8		irginia	US	77	MARRIE	D NEVER MARRIED	Wicomico			AAD
_	4 11C	37		TY OR TOWN OF DEATH	II. NAME O	F HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS OR
5	f (1)	*(J	Sa	lisbury	Penins	such facility, give streets ula Gener	al Hos	spital	(TYPE OF WORK FOR MOST O retired S		INDUSTRY	
PRESTON ST., BAITIMORE, MARYLAND 2120	2 E 3	15/	USU	AL RESIDENCE (IF NURSINGH	OME OR OTHER INSTITUTION	ON, GIVE RESIDENCE BEFO	RE ADMISSION)	_		eamsci	.css	21/1/1/3
2	24 E	14			county	Greenbac			13e. STREET ADDRESS rural (B	ox 221	23	356
YEA	4 42	100		THER'S NAME			CITATI	15. MOTHER'S MAIDEN NAM	ΛĒ	011 22)		-
A A	p 10	10/1	C	narles	MIDDLE	Brown		Annie	MIDDLE		Crow	
100	15 B	32	Iáa. V	AS DECEASED EVER IN U		? 16b. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	^{SS} 22	<u> </u>	<u></u>
O.	9 88	10	()	(IF	YES, GIVE WAR OR DATES!		-3193	Ronald Mat	thews Gre	enback	cvill	e, Va.
ALT	4 50 7	4		18. CAUSE OF DEATH (E	nter anly one couse o			Nonata nac	CHEWD OFE	CHDGO	APPROXIV	MATE INTERVAL
et)	then phys	Į.		DADT I DEATH WAS (AUSED BY: AEDIATE CAUSE (a)							
Z	9 9 2	\$ 20		04/4		OR AS A CONSEQU	IENICE OF					
350	fecth then yet co	1		Conditions, if any, wh		UTI	DENCE OF					
Æ,		1		gave rise to immedia	ote	OR AS A CONSEQU	IENCE OF					
3 6	1 1 1	đ			25t. (6)	OR AS A CONSEQU	DEINCE OF					
8	P 200	4. 6		PART 2. OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	1.
DIVISION OF VITAL RECORDS	17.0	olu	CERTIFICATION									
20	3 0 0	31	CAT	190 DATE OF OPERATION	19b. CON	NDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	FRE FINDING CAUSES	GS USED OF DEATH?
AL R	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2/	RTIF						YES NO	YES [ио 🗌
ž	A Paris	9/7	2.50	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE		OF INJURY A.M. MONTH [DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
0	SKCU B B	M	CAL	(IF EITHER NOTIFY MEDICALE)	(AMINER)	P.M.	19					
Ö	PHY The the the the	5/	MEDICAL	21d. INJURY OCCURRED	LAT HOME	CE OF INJURY	FARM ETC 1	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
2	O# ## 0	d'a	*	ORK NOT WHILE								
	O d and	Ę		220.1 certify that ()(this		4 . 5	-	MOV, 5, 19 87	, to			that (1) (we) lost
_	## 53g	5		saw the deceased of obove, (D)(we) (did)(ive an did not) view the bo	dy after death.	, 00	nd that in (my) (our) opinian o	death occurred on the de	ote and hour or		
	the check	ž.		22b. SIGNATURE				DEGREE	MEDICAL CTAI		22c. DATE	SIGNED
•	A Marie	5-4		Roth	- ale		N		MEDICAL STAI DIRECTOR PHYSIC	IAN 🗌	11/10/	87
	A P P P P P P P P P P P P P P P P P P P	1/		22d. PHYSICIAN'S NAME	TYPE OR PRINT)			22e ADDRESS				
	五十 の 日本	2/		ROBERT A	+ LLEN			305 10 ST 1	oconore M	1, 218	51	
-0	25 631	4.		URIAL, CREMATION, REM	OVAL 23b. DATE	23ε.	NAME OF C	EMETERY OR CREMATORY COM	23d LOCATION CITY OR TOWN		OUNTY	STAMd
14	9BP/19	4		Burial	11/1	13/87 Un	ion F	<u>'ranklin Cit</u>	y Greenba	ckvil	le Wo	rceste
1	OHMH - 16-58M ((VRA 15, 4)	1/81.	24 FU	INERAL DIRECTORS	melso	ADDRESS		250. DATI	E REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATI	JRE
	(VKM 13, 4)			Wells	ra Mel	2) 100	Colono.	Ke, Ind. MU	1 6 1987	Gulia D	cordum	Parlace_

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT

5. DATE OF BIRTH

December 7.

MARRIED X NEVER MARRI

YES [

MONTH

WIDOWED

LAST

McCo/llum

13d. INSIDE CITY LIA

15. MOTHER'S MAIL

Anna M.

FIRST

AL HYG	IENE	REG. I	NO	, ,	7	2	é.á	4	
	2a. DATE C	4	MON	TH H	OAY	YEAR	2b. HO	UR	_
	Noi	1em	be	r	15,	1987	23.	50,	И
AR 908	6. AGE (IN	78	HRTHDA	YRS.	MONT	DER TYEAR	IF UNDE HOURS	R 24 HRS	_
ED 🗆	9 BALTIM	ORE CITY	OR C	TAUC	Y OF I	HTASC			Ī
ED [Wico	mico						M	D.
NC	120 USUAL	LOCCUPA ORK FOR MOST		RKING L		B. KIND O	F BUSIN	ESSOR	_
	Resi	dent	Mar	age	erl_	Retir	'ed		_
AITS?	13e STREET		5				218	22	
DEN NAM	WE	MIDDLE				LAS	ī		
lian						Colen			
		ADD	RESS						
МсСо	11um,	Same	as	: 13	3				
sy.	AI	RES	7		-	BETWEEN	MATE INT ONSET AN	D DEATH	_
NE,	ART	F	MI	44.	RI				

ONGESTIVE DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY?

NO [NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 21

CITY OR TOWN

STAFF

MONTH DAY YEAR

211 LOCATION STREET

ATTENDING

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

COUNTY STATE

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

22a. | certify that (4) (this hospital) attended the deceased from

and that in (pg) (aur) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

Dennis J. Chodnicki, M. D.

Peninsula General Hospital, Salisbury, MD

23d LOCATION

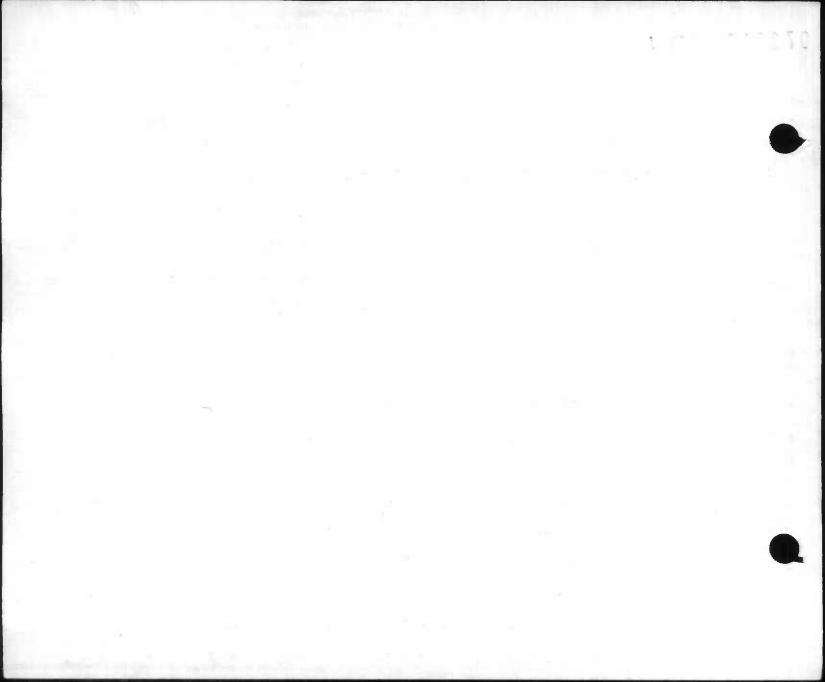
23c NAME OF CEMETERY OR CREMATORY 23e BURIAL, CREMATION, REMOVAL

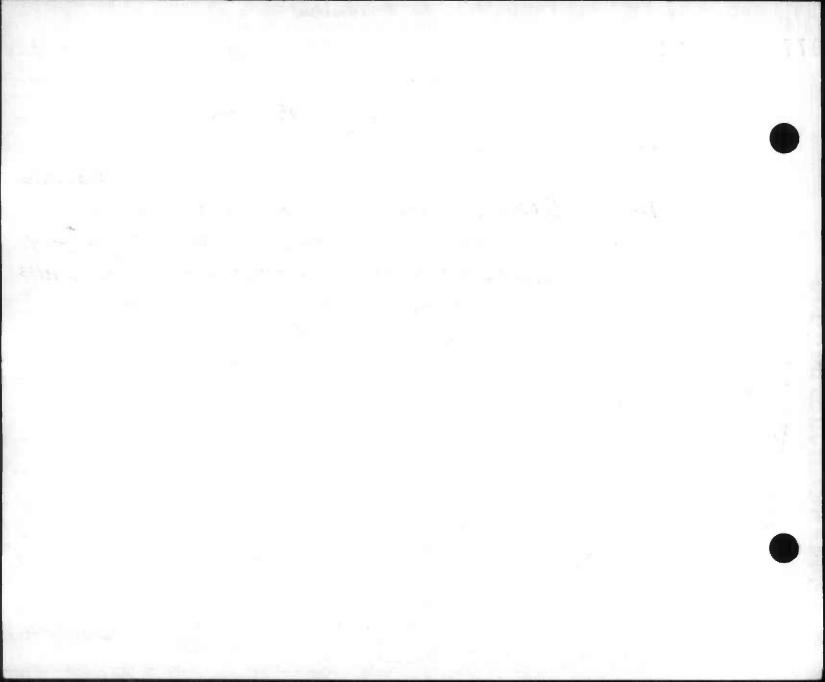
CITY OR TOWN Burial Nov. 19,87 Parkwood Cemetery Baltimore 25e. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

James S. Kirkley, Glen Burnie, MD

STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)





FOR

24 FUNERAL DIRECTOR

Finera

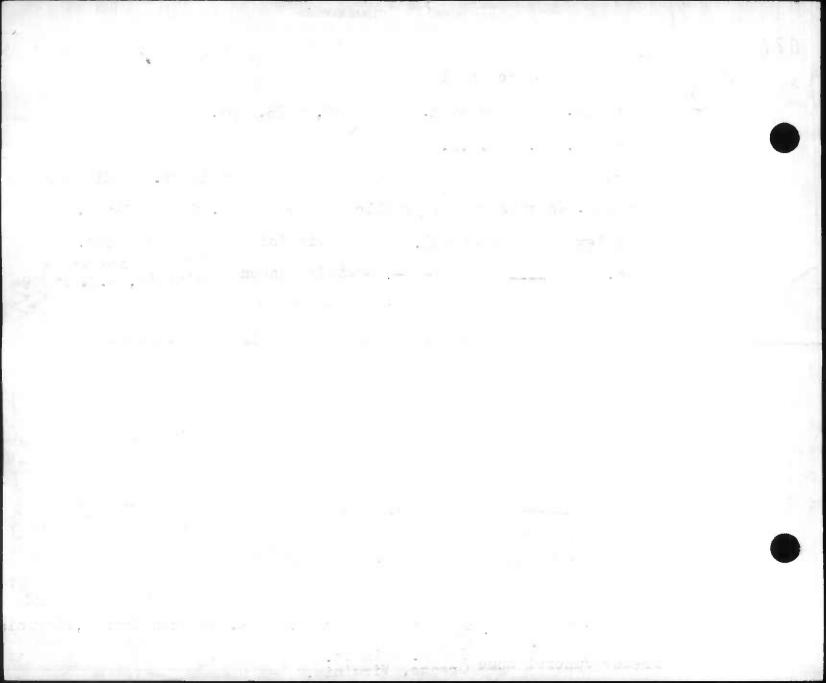
DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

Criglersville Ceme.

Main

250. DATE REC'D. BY REGISTRAR 251 REGISTRAR 3 SIGNATURE LAND



STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	GIENE REG. NO.	3 7 2 5 2
073 1 88 B DEC -	EASED NAME FIRST OR PRINT)	MIDDLÉJ.	LAST	20 DATE OF DEATH M	0NTH DAY YEAR 26 HOUR27-87 3:30A
e a may the, pag	15Ex Male	4 RACE White	5. DATE OF BIRTH MONTH DAY YEAR 09 07 1896	6 AGE (IN YEARS LAST BIRTHI	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
ant Page and Page 27.2 Hours	70. BIRTHPLACE (STATE OR FOREIGN Mary Tand	76 CITIZEN OF WHAT COUNTRY U.S.A.	0, 1000	9 BALTIMORE CITY OR WICOMICO CO	
of the control of the	10. CITY OR TOWN OF DEATH SALISBURY	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE SALISBURY NURS	ING HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION ITYPE OF WORK FOR MOST OF VEHICLE FACTOR OF V	N 12b. KIND OF BUSINESS OR INDUSTRY
NO 2120 24 hebrar 24 hebrar 25 hebrar 26 hebrar 27 hebrar 28 hebrar 28 hebrar 29 hebrar 29 hebrar 29 hebrar 29 hebrar 29 hebrar 20 hebra	Maryland 130 Maryland	OR OTHER INSTITUTION GIVE RESIDENCE BEFOUNTY OMICO 134 CITY OR TOTHER TO	WN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2 Rt. #1	
The state of the s	Thomas	Melson	15 MOTHER'S MAIDEN NA FIRST		Catlin
BALTIMORE, MARYLAND 2120 cole be executed within 24 hibers specified and complete highland in by specification of complete highland in by specification of the filter of the material of the filtrer	160 WAS DECEASED EVER IN U.S.		URITY NO. 17 INFORMANT	Rt. # Hebron	S Box 61 , Maryland 21830
the death certific the otherding phy remove carbon at employ, certification, or remove extraction, or remove thoursoftic tiven.	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	ul Montes	MINAL DISEASE OR CONDI	
L RECOR	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL RECORDS, 201 W NG PHYSICIAN. The law requires that ottending physician otherburial-troops permit from please th and Mental Hygiene prior to burial; or anked or from 18 showers interv. or oth	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE	DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
A ATTENDING Megand or or thought Megand for use or the Pet of Health or New 21 is mark	22a. I certify that 10 (this has saw the deceased alive	spital) attended the deceased fram an 19-	, and that in (my) (vor) apinian		27. 19. 19. that (I) (well as a condition on a fram the causes stated 17c. DATY SIGNED
HOSFITAL Of the property of the Store Department of th	PHYSICIAN'S NAME YO		ATTENDING PHYSICIAN 1226 ADDRESS		an 11/21/8/
Bb TO FUN thousand the second of the second	EARL M. BEAR 230. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY Parsons Cemetery	23d LOCATION Salisbury	BURY, Md. 21801 Wicomicc MD STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

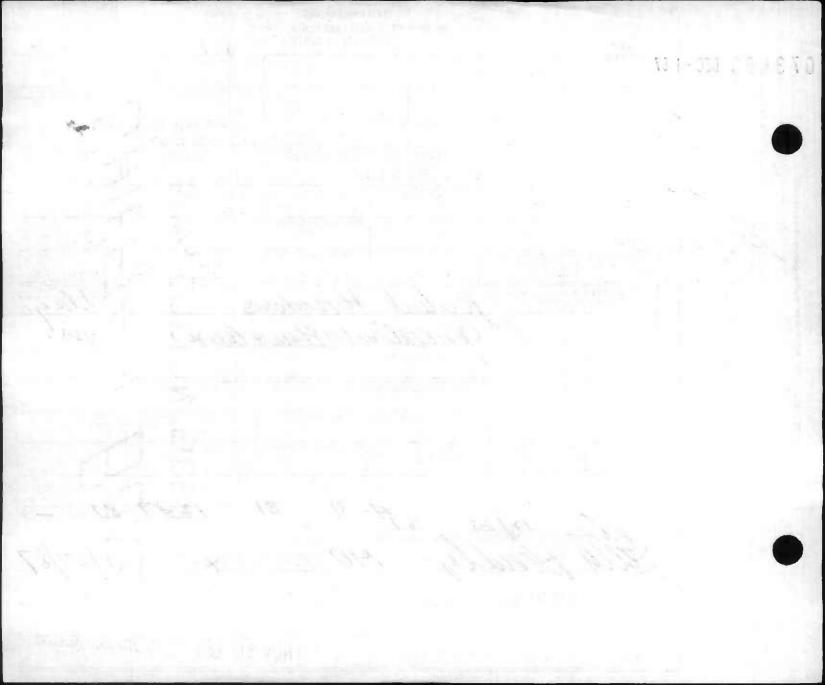
> 24 FUNERAL DIRECTOR BAKER AND BOUNDS

SALISBURY, MARYLAND

Parsons Cemetery

NOV 30 1987 FEGISTRAT SHEET SEGNATURE

WICOMicc



etely filled in by the funeral director, page 3 42 should be filed within 72 hours after death

ST	ATE	OF	M	ARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DY	REGISTRAR			CERTIF	CATE OF D	EATH	REG. NO	5. 🕠	1 2	5 3
		RST	MIDDLE	A. U	AST .	,	20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
TITPE	OR PRINT)	ANNABEL	LE E.	Me	SSICT	-	Decem	bens	5 1987	0358
3. SE	X ,	4. RACE		5 DATE O		,	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
1	e male	₩		1 2	B B	1.2	74	YRS.	JIVINS DATS	HOURS MIN.
	RTHPLACE (STATE OF FOREH		N OF WHAT COUNT	TRY? 8.	D NEVER M	A DRIED	9. BALTIMORE CITY O	R COUNTY (OF DEATH	
· '	MD.	Ţ	J.S.A.	WIDOWE		ORCED	Wigomigo			JM.
io CI	ITY OR TOWN OF DEATH		E OF HOSPITAL, NU I IN SUCH FACILITY, GIVE S	RSING HOME O		NOITUT	Wicomico 120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O			OF BUSINESS OR
S	AL RESIDENCE IF NURSING	Poni	nsula Con	eral Ho	spital		HOUSEWI	FE	<u> </u>	
13a. S		COUNTY	13c. CITY OR	TOWN	13d. INSIDE CI		13e. STREET ADDRESS			
11.0		WICOMIC	COLSALI	SBURY	YES -	NO 🔯		ERSON	AVE.	21801
	ATHER'S NAME FIRST RAYMOND MA	CLAIN	LAST		15. MOTHER'S	IDST	ITH		LAS	5T
16a. V	VAS DECEASED EVER IN L			SECURITY NO.	17 INFORMAL	A Prom 1	MESSICK -	ss		
(YES HOOR UNKNOWN) (IF	YES, GIVE WAR OR DA	220-	10-959	902	BECKY		rwood	Ark	ansas
	IS CAUSE OF DEATH (E	nter only one cou	ise per ling for (o), (b), and (c).)		. ^				MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE	(a) CARD	iopull	monaf	RV NX	ereet		Min	nutes
			TO, OR AS A CONSI	FOLIENCE OF		,	~ .		-17	1
	Conditions, if any, wh		(b) MULTI	LE OP	GAN -	YSTE	MHAILL	IRE	12	ms
			TO, OR AS A CONSI	VE GA	STROTA	tes 17	MAI BLE	EDIN	672	m.
	PART 2. OTHER SIGNIFIC		NS CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0.
CERTIFICATION	Chira	20817								
\S	190 DATE OF OPERATION		ONDITION FOR WI	HICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		WERE FINDING CAUSES	
E	11/29/8	/ 6	SL DO	16ED	1000		YES NO	YES	, 🗆	NO 🗌
	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	U 110	IME OF INJURY UR A.M. MONTH	DAY YEAR	21c. HOW IN.	JURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)	
3	(IF EITHER NOTIFY MEDICALE	E OF DEATH	P.M.	19						
MEDICAL	21d. INJURY OCCURRED		LACE OF INJURY	FICE FARM ETC)	21f LOCATIO	N	CITY OF TO	IWN	COUNTY	STATE
>	WHILE NOT WHILE AT WORK				1		_			
ļ	22s.1 certify that (I) (thi	s hospital) attend	ded the degeosed fr		11/30	., 19_97		2/4.1		that (I) (we) las
	sow the deceased a		body ofter death.	19_0, or	nd that in (my)	(our) opinion (deoth occurred on the d	ste and hour	and from the	couses stated
	226. SIGNATURE	11/	1/		DEGREE	TTC. 10 1: 10	WEDIGAL STA		771. DATE	SIGNED
	7000		aller	w		TTENDING PHYSICIAN [MEDICAL STA DIRECTOR PHYSIC		12/	5/8/
1	THE PHYSICIAN'S NAME	/ ^			22e ADDRES	5	74 - 2 - 4		1	/
	JOHN	1 BAR	TKOVIC	1-1	140	- (MEROU		r/ A	
	BURIAL, CREMATION, REA			23c. NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION		COUNTY	STATE
	Removal	1:	2-5-87							
24 5	LINEDAL DIRECTOR					28 d 10 M	E DEC' PORVADE CICIDAD	25K- DECKTE	DAR'S SIGNEAT	ELIDA . mm

Balto., Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNEEAL DIRECTOR. After this certificate has been signed by the attending physical handle be detached for use as the buriol-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other traumatic event,

IMPORTANT: If frem 21 is marked or frem 18 shows any

State Anatomy Board

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death retained by the hospital or ottending physician.

0734

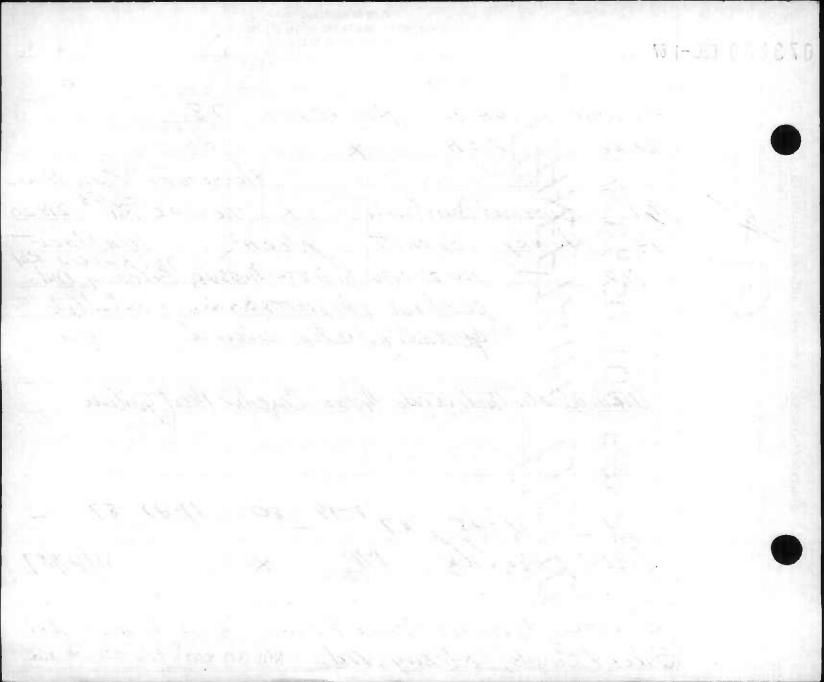
hours ofter deoth. Page 4 may be

STATE	OF	MARYL	AND
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11	- STATE		DEPARI	MENT OF HEALTH AND M			and A	50 10
- B	7 REGISTRAR			CERTIFICATE OF DE	ATH	PEG. NO.	7 2	5 4
	PE OR PRINT)	FIRST	WIDDLE	LAST	20 DATE	OF DEATH MONTH	DAY YEAR	25 HOUR
		BESSIE	L. MESSICK	•		11-2	27-87	2:05 A
3. SE	EX	4. RAC		5. DATE OF BIRTH		IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HR
. 13	FimA	1E 0	WHITE	Aug 15	1909	78 YRS.	MONTHS DAYS	HOURS MIN
70. E	BIRTHPLACE (STATE	OR FOREIGN 76. CITI	ZEN OF WHAT COUNTRY	MARRIED NEVER M	9 BALTIA	ORE CITY OR COUNT	Y OF DEATH	
1/	=NN		U.5A			OMCIO COUNT	Y	
160	ITY OR TOWN OF		AME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTIT	UTION 12a. USD	AL OCCUPATION	12b. KIND OI	F BUSINESS C
SA	LISBURY		ISBURY NURSI	and the second second	100	ORK FOR MOST OF WORKING LI	INDUSTRY	Hom
7 JUST	JAL RESIDENCE IF	NURSING HOME OR OTHER IN	ISTITUTION, GIVE RESIDENCE BEFO		V LIMITED TIP STREET	T ADDRESS / ZIP COD	0 13	
2/	nd	Sime	SIET / BONES		NO X	1 ADDRESS / ZIP COD	1951,70	218
3 14 1	ATHER'S NAME	Jemes		15. MOTHER'S /	MAIDEN NAME	650.00		
10	FIRST	HENRY	RIN	n/15-11	aldo A	WIDDLE	1/2/1	AC I
	WAS DECEASED E	VER IN U.S. ARMED TO		URITY NO. 17 INFORMAN	T	ADDRESS	Die 1	111 E
4	IYES, NO OR UNKNOWN) IF YES, GIVE WAR OF	DATES) 720-28	-0931 Kiras	DI MIX	cint 231.	PICA G	md
-	LI CAUSE OF DE	EATH (Enter poly poers	ouse per line for (o), (b) o	ndicition of the second	ci vica.	JATI	APPROXY	MATE INTERVAL
	PART I. DEAT	H WAS CAUSED BY:	100,000	10 4hros	160515		BETWEEN	ALIR .
		IMMEDIATE CAUS		1. 1. 1	- 1	/	10	UIL
	Conditions, if		JE TO, OR AS CONSEOL	CI VI OUR	n) Roller	026	4	Cd?
	gove rise to	immediate	(b) 7000 me	300			/	
	couse (0), st underlying co		JE TO, OR AS A CONSEQU	JENCE OF				
1	PARPO OTHERS	GIGNIFICANT CONDIT	ONS.CONTRIBUTING TO	DEATH BUT NOT RELATED T	O THE TERMINAL DISE	ASE OR CONDITION GO	EN IN PART 1:	12
Z	Chieria	adrete	Cardo Vace	des diseaso.	(Meentur	Heart I	oiluse	
CERTIFICATION	190 DATE OF OPE	RATION 19	. CONDITION FOR WHICH	HOPERATION WAS PERFOR	MED 200 AL		S, WERE FINDIN	
7 #	7975				YES		FYING CAUSES : ES []	NO
7 8	210. ACCIDENT WAS		OUR A.M. MONTH	21c HOW INJU	JRY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
1 3	OR CONTRIBUTING	CAOSE OF DEATH	P.M.	19				
MEDICAL	21d INJURY OCC	URRED 21e	PLACE OF INJURY	21f LOCATION	1	CITY OR TOWN	COUNTY	STATE
Σ	WHILE NO	T WHILE WORK	HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)		4	0001411	SIAIC
			ended the deceased from	1-19	19 80.10	11-27	19 87	hot (I) (we) le
1	Some about the	sound alive on	-2 10	07	or) opinion death occu	rred on the date and hou		
	73KE JOHN ATURE	errold (did not stay)	be body after death	DEGREE			22c. DATE	BIGNED /
	Valle	1 /4/	1/1/8	MO AT	TENDING MEDICA	AL STAFF	1//	27/8
16	THE PHYSICIANS	NAME THE DEPRINT	000	22e. ADDRESS	YSICIAN DIRECTO	OR PHYSICIAN	11/0	1101
//								
-		BEARDSLEY,				E, SALISBURY	7 MD. 2	1801
230.	BUBHAD, CREMATIC	ON, REMOVAL 236. I	230	NAME OF CEMETERY OF CR	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CATION TY OR TOWN	COUNTY	PIATE
74 5	UNERALDIRECTO	1/	29/1987	KIOR4 CA	ISS DATE DECID BY	Y REGISTRAR 256, REGIST	nensor	NICI
	NAME	10 1	ADDRESS.	mal	NOV 22 C			
	MICKY	Dounces	11530	NY , //14,	I NUV 3 () 1027 (haleo	Mind.	- Frankall

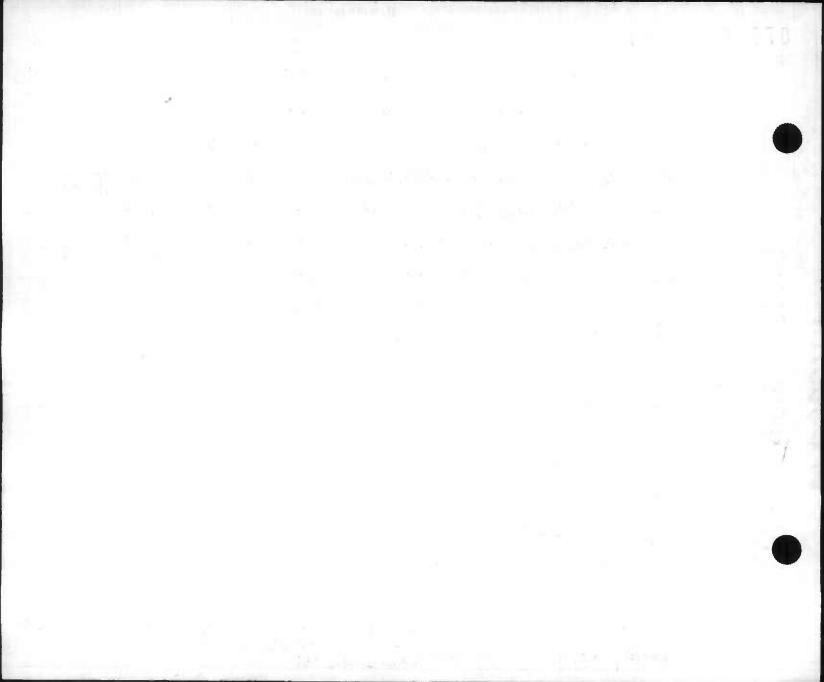
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



PRESTON

DHMH - 16 60M 7/84 (VRA 15, 4)



DEC 30

pode 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-87	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG FICATE OF DEATH	GIENE REG. NO.	37250
	CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MON	NTH DAY YEAR 2b. HOUR
	William	Parker	Mi	les	December 2	2, 1987 7:30 p _m
3. SE	Х	4. RACE	5. DATE (DF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDA	IF UNDER I YEAR IF UNDER 24 HRS
	lale	White	03	22 1919	68	YRS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
	axis, Virginia	U.S.A.	WIDOWI	DIVORCED	MICOMICO	MD.
1	ITY OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION	
1607	ARDELA SPRIN		304 BRIDO	GE STREET	Manager	County
130. S	AL RESIDENCE (IF NURSING HOME OR 13b COUN Wicon	13c. CI	DENCE BEFORE ADMISSION) IY OR TOWN rdela Spring		130.STREET ADDRESS / ZII 304 Bridge	
0	Andrew Jack	son Mi	les	15 MOTHER'S MAIDEN NA Amelia	MIDDLE	Lewis
		WAR OR DATES)	3-30-1096	Same as #13e	e C. Miles (Wi	fe)
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DBY: E CAUSE (o) Foll DUE TO, OR AS A (all Cleavec	(Cell Lyn	APPROXIMATE INTERVAL BETWEEN ONSEI AND DEATH Ahora 3 years
NOI	PART 2 OTHER SIGNIFICANT C	Onditions <u>contrib</u>	JTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITI	ON GIVEN IN PART 1101
TIFICA	190 DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20	IS IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CERTIFICATION	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. ME	ONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJE (AT HOME, STREET, FACT	JRY ORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (the hospit saw the deceased alive on above, (I) (the distribution)	17 Dec	19 87, o	DEGREE	deoth occurred on the dote o	ond hour and from the causes stated 22c. DATE SIGNED
	Jr 6,	/w	a n	ATTENDING PHYSICIAN P	MEDICAL STAFF DIRECTOR PHYSICIAN	12/23/1987
	James E. Mart	,		145 E. Carro	ll Street, Salis	bury, Md. 21801
	BURIAL, CREMATION, REMOVAL SPECKTY UTIAL	12/26/198		emetery or crematory a Memorial Ce	23d LOCATION metery Mardel	la Springs, Wico. Marylan
24 FL	JNERALDIRECTOR Holloway Funer	al Home, P.		25o. DAT	E REC'D. BY REGISTRAR 25	REGISTRARY, SIGNA, UNEA

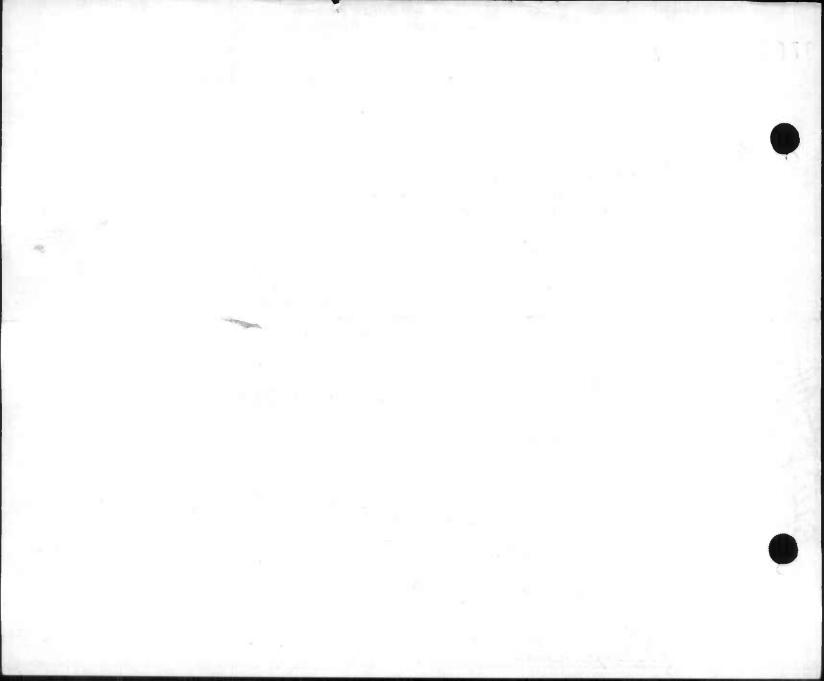
DHMH - 16 60M 7/B4

MPORTANT

(VRA 15, 4)

Verte: 12870

STATE OF MARYLAND



Wilson Pocomoke City, Md.

FOR

REGISTRAR

24 EUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MD

and the same of the contract o

2 1	- S1	OR TATE EGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL	HYGIENE 8	EG. NO.	3 7	2	5)
N		SENAME	FIRST	٨	NIDDLE	l	AST	2a DATE	OF DEATH MONTH	DAY	YE AR	26 HOU	JR
	TYPE OR I	PRINT)	Martha	A STATE OF THE STATE OF	orker		Hlls		11	8 8	7	6I.45	ia
	3 SEX			4. RACE		5. DATE C		6 AGE (II	YEARS LAST BIRTHDAY)	MONTHS	DAYS	IF UNDER	24 HR
		Pelmar,	Marylan	d White	е	03	27 1903	84	YR:				1411
-	COU				WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIM	ORE CITY OR COUNT	ITY OF DE	ATH		
1	IO. CITY	lmar, M ortownoft Salisbu	DEATH	11. NAME OF H	OSPITAL, NURSIN	ADDRESS)	DR OTHER INSTITUTION HOME	(TYPE OF WO	L OCCUPATION DRK FOR MOST OF WORKING COMMISSION OF THE STATE OF THE	G LIFE) INDI	JSTRY	BUSINE	
1	13a STA		13h COUN		GIVE RESIDENCE BEFOR 13c. CITY OR TOW Salisbu	E ADMISSION)	13d. INSIDE CITY LIMITS	5? 13. STREET	ADDRESS / ZIP CO Martin Stre	ode et	218	01	
1	14 FATH	FIRST James		MIDDLE	arker		15. MOTHER'S MAIDEN Annie	NAME	WIDDER	D	LAST OWN		
1		DECEASED EV NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 214-10-		Route # 5		Weßsfer (D , Salisbury	Md.	21	801	
	18.	CAUSE OF DE PART I. DEATH	H WAS CAUSE		line for (a), (b) an	dic)	hrombo	5/5		. 56	APPROXIA TWEET O	NSET AND	DEAT
	g	anditions, if o love rise to ouse (o), sti nderlying co	immediate	(b)	AS A CONSEQUE R AS A CONSEQUE	10 3	ed action	osde	lozis	D.	nej	yes	n
	NO.	ART 2. OTHER S					NOT RELATED TO THE T	TERMINAL DISEA		GIVEN IN P			

19a DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION	WAS PERFORMED	200 AUT	OPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
				YES 🗌	NO	YES	NO 🗌	
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR	21c. HOW INJURY OCCURRE	D (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)	

211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE

22a.1 certify that (1) (this haspital) attended the deceased fram and that in (my) (authopinion death accurred an the date and hour and from the causes stated

DEGREE 22t. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

PHYSICIAN'S NAME (THE OF PRINT) 22e ADDRESS Earl M. Beardsley, M.D. Civic Ave. & Rt. 50, Sal., Md. 21801

230. BURIAL, CREMATION, REMOVAL (SECURY) 23c. NAME OF CEMETERY OR CREMATORY Salisbury, Wicomico, Maryland 11/11/1987 Parsons Cemetery

24. FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE

ADVE SHOP

11/23/87

Berlin.

108 Williams St.

MD

MIDDLE

FOR

REGISTRAR

24 FUNERAL DIRECTOR

Kirk Burbage

DHMH - 16 50M 1/BI (VRA 15, 4)

FIRST

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Sunset Memorial Park

21811

2b HOUR

NO F

20

Maryland

Berlin Worcester

STATE

11087

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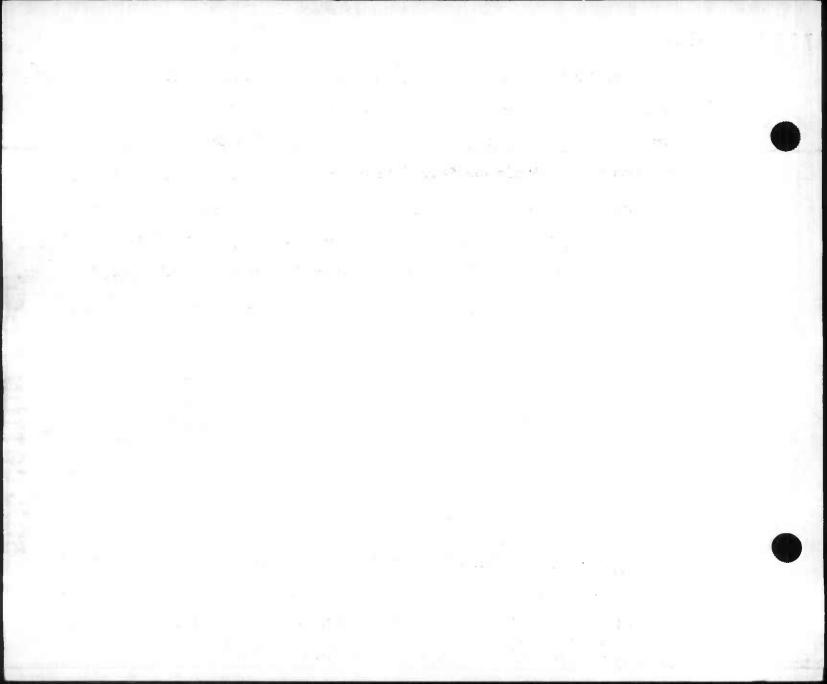
MILLSRORO, DEL

74 FUNERAL DIRECTION

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND



7 7	0.1.0	1.	FOR				ATE OF MARYLAND HEALTH AND MENTA	L HYGIENE			
11	0 4 3 JAN	-13-	STATE REGISTRAR				NER'S CERTIFICATE		REG. NO. 7	1) 1	12
		_	CEASED NAME	FIRST		MIDDLE	LAST		KNOWN MONTH	QAY YEAR	R 2b, HOUR
	m % % % F.	(TY	PE OR PRINT)	Benjar	mi n	Lee	Morris	OF	MATED 12	29, 8	100
	PLE ASE ECTOR. FILES. HOURS STREET,	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN)		DER 24 HRS. 2c. DATE	нтиом	29198'	
	Y, PI	7	Male	Black	1 22	YEAR LAST BIRTH		MIN PRONOUN DEAD	ICED 12	29198	_
	SAR YOUNG	70. B	IRTHPLACE (ST	ATE OR	7b. CITIZEN OF WI		18	9 BAITIM	ORE CITY OR COUN		71040
	6 NECESSARY, PIEASE FUNERAL DIRECTOR. 5 S FOR YOUR FILES. 6 WITHIN 72 HOURS WITHIN 72 HOURS		Hebr	LON	451	9	MARRIED NEVER MA	RRIED Wico	mico —		MD
	DELAY IS NO TO THE FU V PAGE 5		lisbury	OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOM CILITY, GIVE STREET ADDRESS! La General	E, OR OTHER INSTITUTION	FOR MOST OF WOR	KING LIFE)	12b. KIND OF I	BUSINESS STRY
	E 7 2 8	1 2	-			VE RESIDENCE BEFORE ADMIS	_	ENGINE	er of fields	D.P.L	
	S AN	13a. S	Md	13b. COUNT	emica	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS YES \(\overline{N} \)			218	50
	MD.2	14. F.	ATHER'S NAME		MIDDLE	LAST	15. MOTHER'S MA	IDEN NAME	IDDLE	TPAL	
		1	Willi	900	11.	MORR	is E1	TheL	B	AiLe.	/
	BALTIMORE, RRS AFTER GIVE PAGE WITH FO PAGES DIVISION	16a. \	WAS DECEASED	DEVER IN U.S. ARM		16b. SOCIAL SECURI	TY NO. 17. INFORMANT		ADDRESS	- 26	Ahove
	URS AFTER B. GIVE PA WITH FO T. PAGES DIVISION			Kot	ZeA	218-20	1373 THERE	BA MORRI.	5	TE MO	HULL
			18. CAUSE O	F DEATH (Enter only ATH WAS CAUSED		far (a), (b), and (c).)				APPROXIMA SETWEEN ON	ATE INTERVAL
	24 HO ITEM 11 LONG PERMIT SIENE,	10	- ARTOE		E CAUSE (a)		estinal Hemo	orrhage		h	ours
	0		Condition	ns, if any, which	DUE TO, OR	AS A CONSEQUENCE	OF				
	MARKET		gove ris	e to immediate	(b)						
	- 三型の単型を		lying cau	stating the <u>under</u> - se last.	DUE TO, OR	AS A CONSEQUENCE	OF				
	AN WELL		PART 2 OTNER SU	SNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BHT NOT BELLTED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN				
	ULD BE EXECTORDS, 3 "PENDING". FF MEDICAL SED AS A ULI HEALTH AND CREMATION,	Z			ONTRIBOTINO TO BERTIN	DOT HOT KEEKTED TO THE TER	MINNE GISENSE OR CONDITION PIAEN IN	TAKI I (d).			
	HOULD BE EXTENDING TO THE MEDIN USED AS A OF HEALTH ALL CREMATIC	A	19a. DATE OF	OPERATION	19b. CONDIT	TION FOR WHICH OPE	RATION WAS PERFORMED?			20. AUTOPS	5Y?
X	3 50 E 2 P - 1	1 🖺	1100							YES 🗆	
1	STANDING THE WORLD THE WORLD BE SHOULD BE SHOU	AL CERTIFICATION	UNDERLYING	CAUSE WAS OR OG CAUSE OF D		MONTH DAY YEA	R 21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART 1 OR PA		
7/	CERTIFIED TO DED TO THE SHOOT OF THE STATE O	MEDICAL	71d INJURY C	CCURRED	21e. PLACE C	OF INJURY (AT HOME,	21f. LOCATION				
X	WRI WARE VARE AGE AGE	W	WHILE AT WORK	NOT WHILE AT WORK	STREET, FACT	TORY, FARM, ETC.)	STREET	CITY OR TOV	/N CO	VINU	STATE
	200		220. I certif	y that I taak charge		cribed abave, held an	Autapsy , Inspec	tion , Inquiry	and in my op	oinian	
	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: WITH THE S	13	death resulte	d fram: Noture	ol couses X,	Accident , S	vicide	Undetermined ma	nner .		
	EXA CER UILD DIR! WIT	13	ACTUAL (1	-	1 1	TITLE (SPECIFY)		DATE	10 00	0 07
	CAL THE SHO SHO ATH,	1	SIGNATURE.	John	(3)	sulkeley	M.D. Deputy	MEDICAL EXAM	INER SIGNE	12-29	3-81
	UNE A SEE	4	EXAMINER'S		n T. Bul	Lkeley, M	T) Co	al i abumr	Monrelond		
	O M XECU AGE O PU	22 - D	(TYPE OR PRIN	ION, REMOVAL 23					Maryland		
		(30.8	SPEG-MY)		-2- 88		METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cour		STATE
	BP	24. F	UNERAL DIREC	TOR		OL a	20 250 DA	TE/REC'D. BY REGISTRAL	R 25b. REGISTRAR'S	CO.	IHA.
	DHMH - 17 (VR A15 ME (5)) 15M 7/77	0	rolle y	Memoria	91 Chape	h SAL	Sbury ma JAN	V 4 1988	U THE MENTER	1700	A

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directar, page 3 hours after death

carbon popers. Poges

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thending

10.00				STATE	OF MARTI	ANU							
FOR			DEPA	RTMENT OF H	EALTH AND	MENTAL HYG	IENE			10.7			-4
STATE REGISTRAR				CERTIF	CATE OF	DEATH	10	7		1	· Sec	0	V
EASED NAME	FIRST		MIOOLE	L/	AST		2a DATE O	REG. N	MONTH	OAY	YE AR	2b HOU	IR
OR PRINT	CASHER		Р.		mark		7	nhier	8.	198	1	230	
K		4 RACE		5. DATE O	F BIRTH			YEARS LAST BIR	RTHDAY)	IF UNDER	1 YEAR	IF UNDER	
ALE		WHITE		AUGUS		, 1909	7	8	YRS	MONTHS	DAYS	HOURS	MIN,
RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	ATT NEVER	ALABRIED [9 BALTIMO	ORE CITY C	OR COUNT	Y OF DEA	TH		
ARYLAND	1	USA		WIDOWE	D		Wicom						MD,
ty or town of Lisbury		Peninsu	la Gene	reet AGORESS) Eral Hos		STITUTION		OCCUPAT RK FOR MOST (ER			(IND OF JSTRY	BUSINE	SS OR
AL RESIDENCE (IF)	MIN COUN	OTHER INSTITUTION VTY CESTER	130. CITY OR T BISHOI	OWN	13d. INSIDE	CITY LIMITS?	130 STREET RT.	ADDRESS 1 BOX		DE	21	813	
THER'S NAME		-			15 MOTHER	S MAIDEN NA	WE						
JOSHUA		MIDDLE A .	MORR	IS	AN	NIE	M	ARY		HICK	CMAN		
VAS DECEASED E		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORM	ANT		ADDR	ESS				
YES, NO OR UNKNOWN	(# YES, GN	E WAR OR DATES)	220-34-	-9355	KATH	RYN W. M	10RRIS	В	ISHOP				
18 CAUSE OF DI PART I. DEAT	h was cause	D BY	line for 101, 16		īG					BE	TWEEN O	MATE INTER	DEATH
	IMMEDIA'	TE CAUSE (0)	R AS A CONSE		0 - 0								
Conditions, if	ony, which	(b)_											
gave rise to cause (a), si underlying co)	r as a conse	QUENCE OF									
PART 2 OTHER S	SIGNIFICANT		ONTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEA	SE OR CON	NDITION G	IVEN IN P	ART 110		
19a DATE OF OPI	ERATION	196 COND	ITION FOR WH	IICH OPERATIOI	N WAS PERF	ORMED	200 AUT		IN CERT	ES, WERE		OF DE AT	TH?
		7 7005 6	E B LULBY		111 110111	LUIDY OSSUES	YES [NO[res 🗌		NO [
OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH	DAY YEAR	ZIEROW	INJURY OCCURE	CED (ENTERN	iature of inju	JRY IN ITEM 18	PART I OR P	ART 2)		
21d INJURY OCC		21e PLACE		17	211 LOCAT								
WHILE NO	T WHILE		REET FACTORY, OFF	ICE FARM ETC)	STRE	ET		CITY OR TO	OWN	COU	NIY	5	STATE
22a.1 certify tho	t (I) (this hosp	tol) ottended th	e deceased fro	sm		, 19	, to			. 19		hot (l) (we) last
sow the dec	eosed alive an	t) view the body	ofter death.	9, or	nd that in (m	y) (our) apinion (deoth occurr	red on the d	date and ha				oted
22 STSNATURE	-	2/	ni	/	DEGREE		MEDICAL			220	DATES	SIGNED	77
22d PHYSICIAN	S NAME (TYPE C	OR PRINT)	1000	ger	22e ADDRI	PHYSICIAN X	DIRECTO	R [PHYSI	CIAN		12/	10/	
BENJA	min	H. MES	IER mo		QUIN	cy & Loc	UST	51	SALIS	BURY	m	0 21	801
BURIAL, CREMATIO	ON, REMOVAL	23b. DATE	1	23c NAME OF C	EMETERY OF	RCREMATORY	23d LOC	ATION IY OR TOWN		COUNT	Y		STATE
BURI		12/11	/87	BISHOP	VILLE	CEMETER	BIS	HOPVI		MD		One o	
Karley 6	W Alas	Turn.	Silk	Prville	Day.	The UE	C 16	1987	Solia REGIS	Jugard	IGNA-	and a	eA.
		1		1									

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been

NG PHYSICIAN: attending physic

etoined by the hospitol

BP.

should be detached for use as the burial-transit per with the State Dept. of Heolth and Mental Hygieria

8

IMPORTANT: If Item 21 is marked ar Item

FOR - STATE

COUNTRY MARYLAND CITY OR TOWN OF DEATH Salisbury

130 STATE MARYLAND 14=FATHER'S NAME FIRST JOSHUA

NO

CERTIFICATION

MEDICAL

3. SEX MALE

REGISTRAR DECEASED NAME (TYPE OR PRINT)

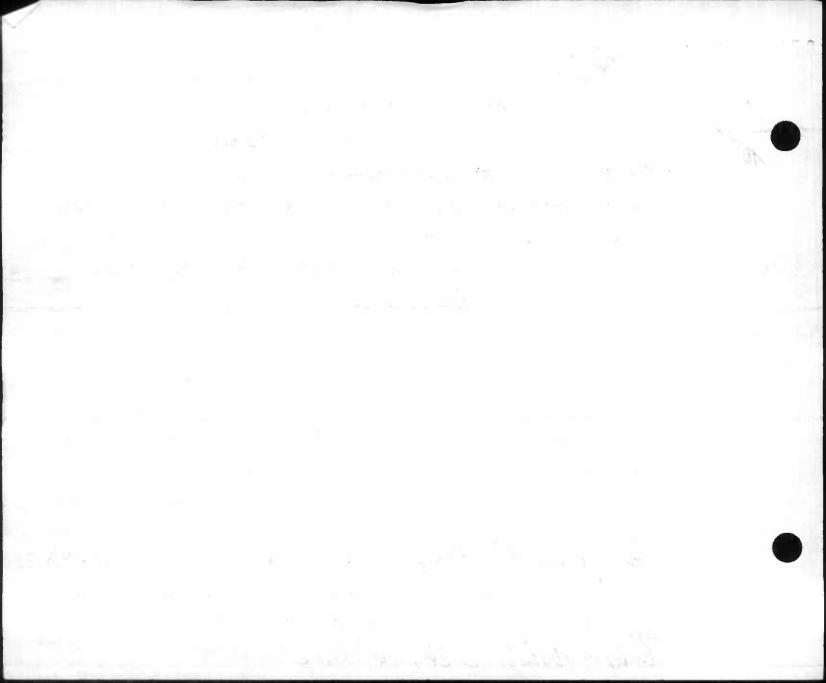
TO BIRTHPLACE (STATE OF FOREIGN

USUAL RESIDENCE (IF NURSING I DA

160 WAS DECEASED EVER IN U.S.

my ceni 224 PHYSICIAN'S NAME (1 BENJAMIN 23a BURIAL, CREMATION, REMO

(YES, NO OR UNKNOWN)



Federal St. Milton

24 FUNERAL DIRECTOR

Short Sr

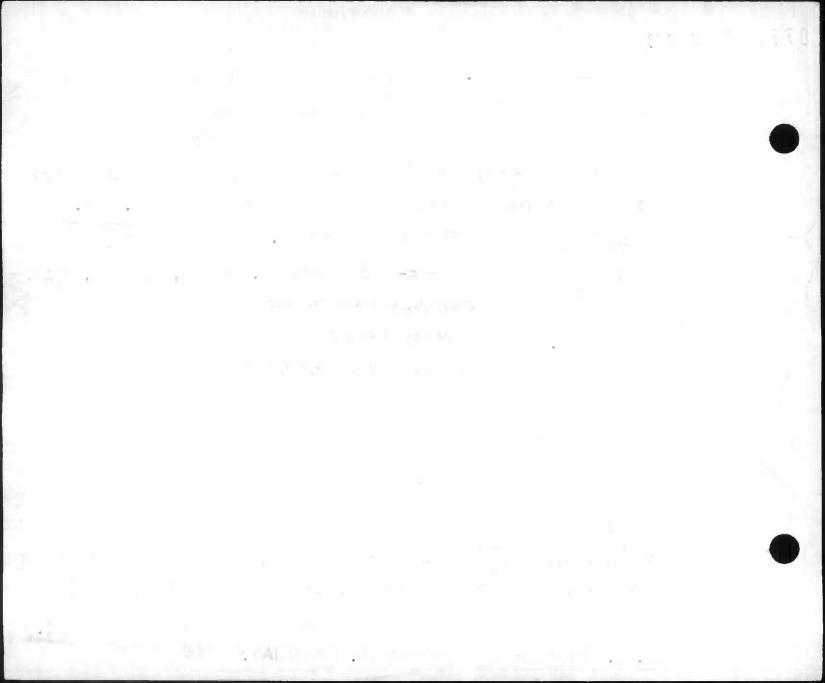
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DHMH - 16 50M 1 (VRA 15, 4)

Milton

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATU

Susser

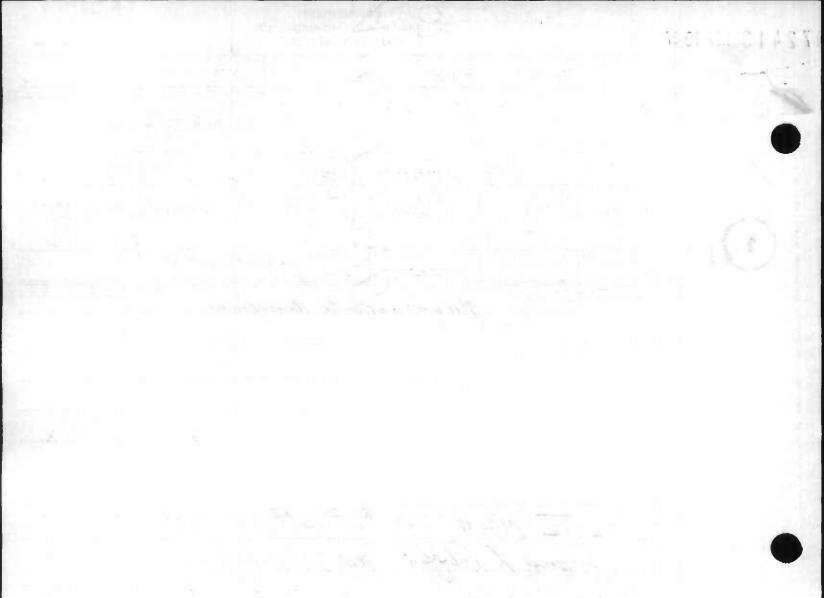


STATE OF MARYLAND

19 97 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH									3 7	2	5 5		
		CEASED NAME E OR PRINT)	Sigmi		Murton		uskat		20. DATE OF D	EMBER		1987	2b. HOUR
	3. SE	x Male		4. RACE Cauc	astion	5. DATE C		1916	6. AGE (IN YEAR		MON1	DER TYEAR	IF UNDER 24 HRS
9	E	RTHPLACE (STATE OR SOUNTRY) Ne	w You	k U.S.		WIDOWE	0 0	MARRIED	9 BALTIMORE WICC	CITY OR CO	UNTY OF	DEATH	Mc
0	S	SALISBURY		412 P	HOSPITAL, NURS H FACILITY, GIVE STRE ENNSYLY	VANIA			12a USUAL OC (TYPE OF WORK FO CO-OW	OR MOST OF WOR	KING LIFE II	NDUSTRY	ue Show
5	13a. S	AL RESIDENCE (IF NURS STATE Maryland	136 COUN		13t. CITY OR TO Salish	WN	YES A	NO 🗌	13e STREET AD 412 Per	DRESS / ZIP	code nia Av	venue	21801
2/		Charles			uskat		[S MAIDEN NAM Beatrice		WIDDLE		ota LAS	ī
1	.0	WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	087-07			^{AN} Mrs. B e as #13	everly J Be	I. Mrusk	at (Wi		MATE INTERVAL ONSET AND DEATH
	NO	PART 2. OTHER SIGN	, which mediate ing the	DUE TO, O DUE TO, O (b) DUE TO, O (c)	Maliques R AS A CONSEQ R AS A CONSEQ	UENCE OF			Keliomal		DN GIVEN II		
7	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	20a AUTOPS		IF YES, WE CERTIFYING YES	G CAUSES	OF DEATH?
2	MEDICAL CER	21a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR. WHILE AT WORK AT WORK	CAUSE OF DEA	21e PLACE	M. MONTH I M.	DAY YEAR 19	211 LOCATI	ÓN	RED (ENTERNATUI	RE OF INJURY IN IT		OR PART 2)	STATE
		22a. I certify that (I) sow the decease above, (I) (we) (c 22b. SIGNATURE				97 , or	DEGREE	ATTENDING	MEDICAL DIRECTOR	on the date or	nd hour and	lram the	
Z		James L	. Clif	ford, M.				h Bldg.,	Medical	Ctr., S	alisbu	гу, М	ld. 21801
		Burial, CREMATION,	REMOVAL	23b DATE		Beth Is							laryland
/84	24 FU	uneral director Holloway Fi	neral	Home, I	P.A., &ali	isbury,	Marylo	ind 250 NO	VET 8 19	87 AR JUL	EGIS HAR	SSIGNA	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use with the State Dept. of Heal IMPORTANT: If them 21 is



MOV 18 1997 June Julian Park

STATE	OF MARYL	AND	
DEPARTMENT OF HE	ALTH AND	MENTAL	HYGIEN
CEDTIEIA	TATE OF	DEATH	

JIAIL OF MARITAND								
DEP	ARTMENT	OF HEALT	TH AND	MENTAL	HYGIENE			
	CE	RTIFICA	TE OF	DEATH				

יחוי	1-	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	3 7	260
UIA		CEASED NAME OR PRINT)	FIRST	WIDDLE		IAST	20. DATE OF DEATH	MONTH DAY YE	AR 2b. HOUR
	(III)		WILLIAM I. N	ICHOLS				11-16-8	7 10:03P
	3. SE)	X	4 RACE		5. DATE		6. AGE (IN YEARS LAST BIRT		
-11	_	Inle	BlAC		MONT		85	YRS.	DAYS HOURS MIN.
25	(RTHPLACE (STATE OR F		WHAT COUNTRY?	8 MARRIE	D M NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEAT	Н
0	M	HRYLAND	U.S	5.A	WIDOW		WICOMICO	COUNTY	M
Double		ITY ORITOWN OF DEA LISBURY	(IF NOT IN SU	HOSPITAL, NURSIN JCH FACILITY, GIVE STREET JRY NURSIN	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATH	F WORKING LIFE) INDUS	ND OF BUSINESS OF
5	130. S	AL RESIDENCE (IF NURS STATE ALPHANNA ATHER'S NAME	ING HOME OR OTHER INSTITUTION 136 COUNTY	ISC. CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA.	130 STREET ADDRESS /	ZIP CODE	1887
0		W: (LiAM	HOWARD	Wiche	-	Martho	WIDDLE	JACK	LAST Seh
e medicin		VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	214-10-		BE high Nich	addre	0x 656 W	PROXIMATE INTERVAL WEST OF SET AND DEATH
njury, ar ather traumatic.	Z	Conditions, if ony, gove rise to imm couse (o), statin underlying couse	which (b)_ nediate g the DUE TO.4	DR AS A CONSEQUI	e se	of Athers	Seleno P	DITION GIVEN IN PAI	grs.
lus Said	CERTIFICATION	190. DATE OF OPERA	TION THE CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAI YES	
lleg 2 sur	MEDICAL CERT	21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR	AUSE OF DEATH HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY	AY YEAR	21c HOW INJURY OCCURI			
is marked or lien	ME	WHILE NOT WE AT WORK AT WO	(AT HOME S	TREET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	wn count	,
# Hem 21		saw, the decease	(this-bespitate attended to dive on the bod	16 108		nd that in (my) (max) opinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS	depth occurred on the do	22c C	n that (I) (are) lar
MPORTANT	23a E	EARL M. BURIAL, CREMATION,	BEARDSLEY, N		NAME OF C	RT. 50 & CIV	IC AVE, SAL	ISBURY, MI	21801

DHMH - 16 60M 7/84

(VRA 15, 4)

BUE A

24 FUNERAL DIRECTOR

Springhill Gradiens Horzon Will. Mars Springhill Gradiens 1250 Date Rec'd. By Registrar 250 Registrar Signature 1865 Call big. NOV 2 0 1987 Julie Daniel Company

NOV 2

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requires that the death certificate be executed within 24 hours after death. Page 4 may be

TATE OF MARYLAND	T	ATE	OF	MARYLAND
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1.0	FOR STATE REGISTRAR			DEPA		EALTH AND MEN		NE B REG. N	10.	7 2	ò	Ç,
(TAB	CEASED NAME E OR PRINT)	FIRST		H.	O	liphant	- [Decemb	MONTH DAY	1987	26 HOU	D M
3 SE	Nale		RACE White		5. DATE C	DE BIŘTH	YEAR 3	AGE (IN YEARS LAST BI	YRS.	UNDER I YEAR	IF UNDER	MIN.
1	IRTHPLACE (STATE OF COUNTRY) Maryland		U. S.		WIDOWE	D DNOR	CED	Wi Com	ico Co	oun t	Ч	MD.
S	ity or town of de alisbury		Deer	S He	REET ADDRESS!	or other institut		20 USUAL OCCUPAT (TYPE OF WORK FOR MOST Polymer De	OF WORKING LIFE)	126. KIND OF INDUSTRY DuPont		
13a. Ma:	AL RESIDENCE (# NUS STATE ryland	13b. COUNT	Υ	Delmar			X	30.STREET ADDRESS Foskey La		2	21875	5
Sec.	ather's Name erman 01ip	hant	DOFE	LAST		15 MOTHER'S MA Maude E		SS		LASI		
16a \	WAS DECEASED EVE YES, NO OR UNKNOWN) Yes		ED FORCES? WAR OR DATES)	166 SOCIAL SI 215-14-		Julia Ma	xine (ADDR Oliphant	P. O. Delmar,	Box 1 MD 21	.82 .875	
TION		IMMEDIATE y, which amediate ing the e lost SNIFICANT CO	DUE TO, O DUE TO, O (b) DUE TO, O (c)	Came	OUENCE OF			IAL DISEASE OR CON			, 19	357
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MED	WHILE AT WORK NOT W	VHILE	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC.)	21f LOCATION STREET		CITY OR TO	OWN	COUNTY	51	TATE
	22a. I certify that (I saw the deced above, (I),(we) 22b. SIGNATURE	The same of			27. dn	DEGREE		oth occurred on the c		nd from the c	ouses sto	
	22d. PHYSICIAN'S	and Ho	PRINT)	, M.D	Jery.	PHYS 22e ADDRESS Dec		medical sta director physical	CIAN -	Sbury	27 Md	2180
230	BURIAL, CREMATION (SPECIFY) Burial	, REMOVAL	12-30			emetery or crem ohens Cem		Delmar	Sussex	Delawa	re 51	TATE
	uneral director name ort Funera	1 Home	, Inc.	De1mar	s, DE 19	9940	25a. DATE F	REC'D. BY REGISTRAF	25b. REGISTRAI	R'S SIGNATU	IRE Land	lack

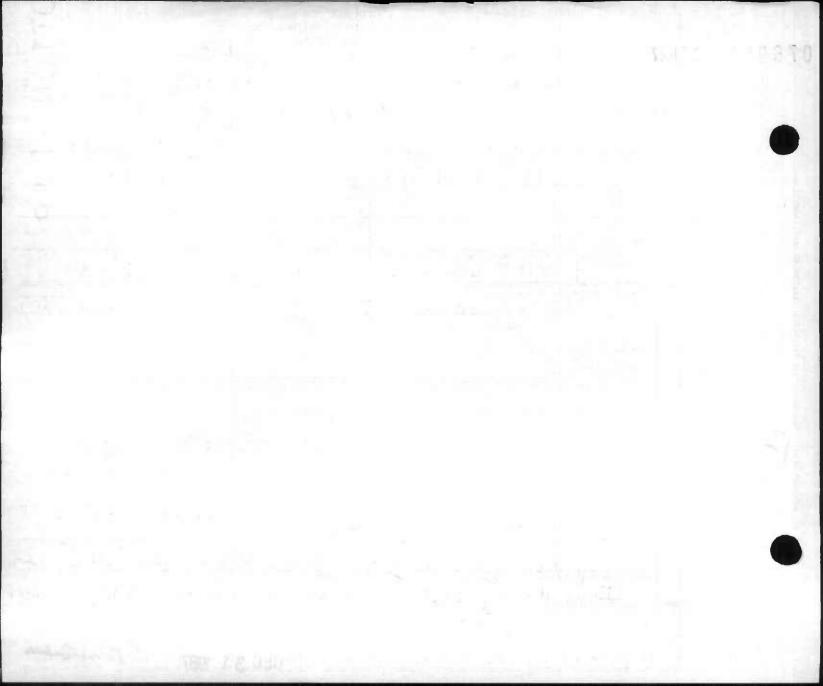
DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the haspital or attending physician.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremotian, ar removal.

IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, the medical



10 HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

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STATE OF MARYLAN	D
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EPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CEI	RTI	FICATE	OF	DEATH	

	1-	REGISTRAR						() 3		- C
N -1	C D	EASED NAME FIRST		WIDDLE	LA	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
12		OR PRINT)	and M		01	01.1	14. DATE OF BEATT	1.1	10 1-1	ALL TO A
W		LEON		N.	UL	201		12	11 8+	11,300
7	3. SEX		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
- /		male	whi	te		10,1902	85	YRS.		
	7a. BIR	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN C	F WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	Y OF DEATH	
6		Visconsin /	U	SA	WIDOWE		Wicomico			M
		Y OR TOWN OF DEATH	11. NAME O	F HOSPITAL, NURSIN	NG HOME O	OR OTHER INSTITUTION	12a. USUAL OCCUPAT			F BUSINESS O
	. 0	1. 1		SUCH FACILITY, GIVE STREET		1	CONTROL		FE) INDUSTRY	
1	USUA	alisbury L RESIDENCE (IF NURSING HOME TATE 1136 CO	IPENINS OR OTHER INSTITUTE	ula Genera	E ADMISSIONI	pital	Contract	10.	010	
36			YTAL	13c. CITY OR TOW	VN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	, .	118	0/
~	Ma	ryland Wor	cester	Pocomo	ke	YES NO 1	101 Hamp	snire	e Terr	ace
	FA	FIRST	MIDDLE	LAST		FIRST	WE		LAS	T
-9		Alfred		Olson		Hilda			Matt	son
		AS DECEASED EVER IN U.S. A	ARMED FORCES		JRITY NO.	17 INFORMANT	ADDRI		pshire	Morro
NZ	,	10			1372	Dorothy E.	Olson Poc	omok	e City	- Md
100		18 CAUSE OF DEATH (Enter	only one cause p							MATE INTERVAL
530			TER BY				-			
		Canditions, if any, which gave rise to immediate cause (a), stating the	DUE TO,	OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	ENCE OF	MYOCARPIN	L INFAA	107/81	1	
ony injory, or other mountains	CATION	Canditions, if any, which gave rise to immediate	DUE TO, (b), DUE TO, (c), (c)	OR AS A CONSEQU PADBABB OR AS A CONSEQU ASCVIII	ENCE OF	MYD CARPIN	1 INFAA	DITION GIV	VEN IN PART 100	VGS USED
adory, or other	TIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, (b), DUE TO, (c), (c)	ORAS A CONSEQUE A SCV P	ENCE OF	MYD CARPIN	L INFAM	20b. IF YE	VEN IN PART 1()	4GS USED
or new cost of contract of the cost of contract of the cost of	CAL CERTIFIC	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN COPPY 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF ITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF ITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION CONTRIBUTION CAUSE OF ITHER NOTIFY MEDICAL EXAMINATION COUNTRIBUTION COUNTRIBUTION CAUSE OF ITHER NOTIFY MEDICAL EXAMINATION COUNTRIBUTION COUNTR	DUE TO, (b), DUE TO, (c) T CONDITIONS 19b. CON 19b. CON 19b. CON 19b. TIME HOUR 121b. TIME HOUR	ORAS A CONSEQUE A SCV P	ENCE OF DEATH BUT I H OPERATION AY YEAR 19	MYD CARPIN	I INFAA AINAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YE IN CERTII YI IRY IN ITEM IB	S, WERE FINDING CAUSES	GS USED OF DEATH?
r nem z i is morked of nem z i is morked of nemer	MEDICAL	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN COPPY 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMIN	DUE TO, (b), DUE TO, (c), CONDITIONS IPB. CON 21b. TIME HOUR (AT HOME.	OR AS A CONSEQUE A SCAPE OF INJURY A.M. MONTH D.P.M. TO FINJURY STREET FACTORY, OFFICE, 19 10 10 10 10 10 10 10 10 10 10 10 10 10	ENCE OF DEATH BUT I H OPERATION AY YEAR 19 FARM ETC 1	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCUR! 211. LOCATION STREET 19 and that in [MT] (aur) opinion DEGREE ATTENDING.	INAL DISEASE OR CON 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU-	20b IF YE IN CERTII NOTEM 18	S, WERE FINDING CAUSES ES PART 1 OR PART 2] COUNTY	NGS USED OF DEATH? NO STATE
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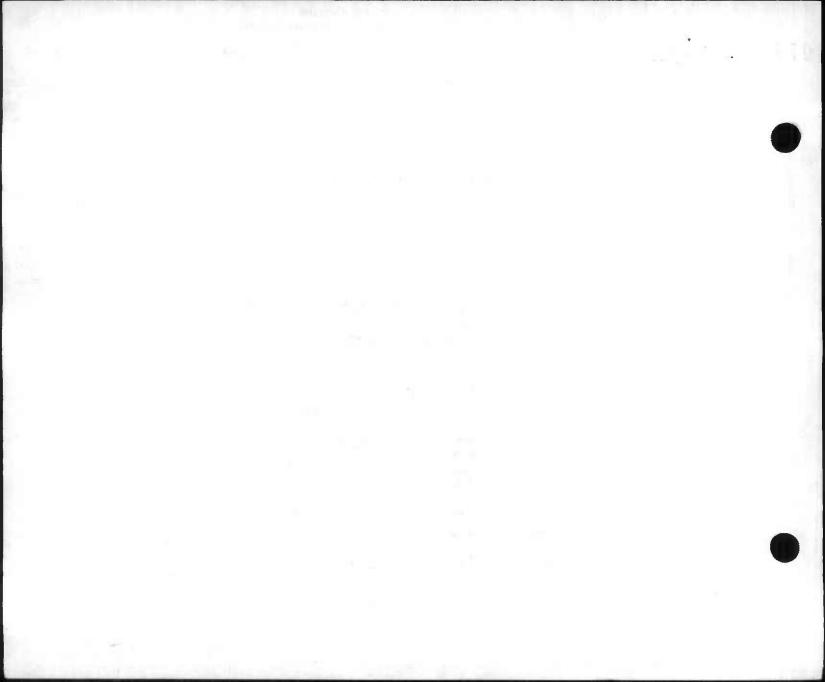
BP___ DHMH - 16 50M 1 (VRA 15, 4)

Swys. Melson

Pocomoke City, Md.

DEC 2 8 1987

Tim Diordoon Rendals



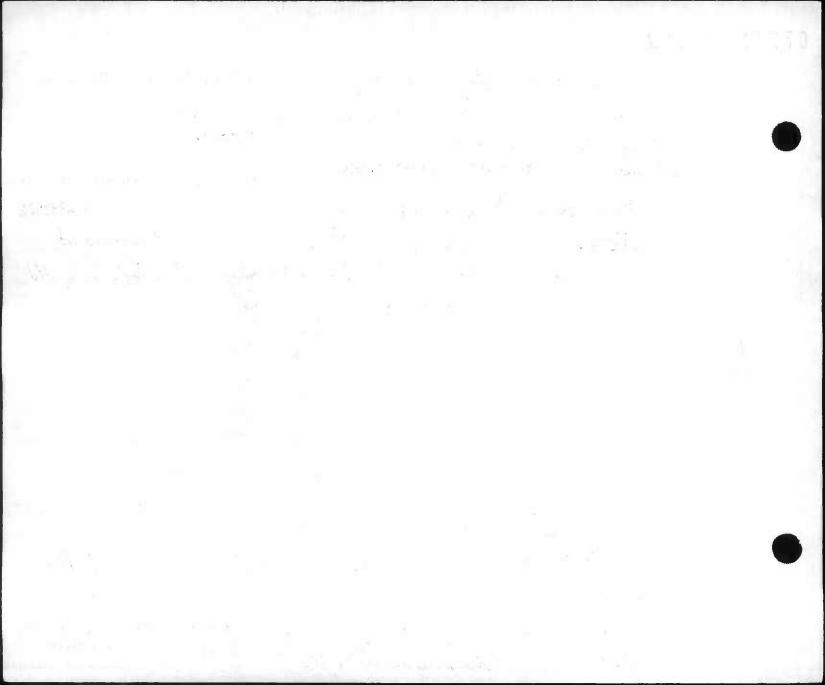
DHMH - 16-508t 7/84 (VRA 15. 4)

24 FUNERAL DIRE

2b. HOUR

NO I

STATE



7	501	6 0	DF	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF	E OF MARYL HEALTH AND FICATE OF I	MENTAL HYG	IENE 8	/REG. NO	, <i>3</i>	7	3	11
	, m	ė O			OR PRINT)	IRST		MIDDLE		LAST		20. DATE	OF DEATH	HTMOM	DAY	YEAR	26. HOUR
	nay be	deat				olly		1.	0	VERTON		Dec	cemb	en 9	,198	37	1555 M
	4 mo	fter		3. SE)		4	RACE		5. DATE		YEAR	6. AGE III	N YEARS LAST BIRT	HDAY}	MONTHS	DAYS	HOURS MIN.
	age .	o suno	6		Female		Negr			8/3/29			58	YRS.			
	ol di	2 ho	2	(OUNTRY)	ign 7		WHAT COUNT	RY? II.	D NEVER	MARRIED -	9. BALTIM	ORE CITY O	R COUNT	Y OF DE	ATH	
	dea	5			aryland \		US		WIDOW		WORCED TO	Wico	mico		T		MD.
	ifter the f	3	Othing Othing	10 CI	TY OR TOWN OF DEATH			HOSPITAL, NU CHEACILITY, GIVES	RSING HOME (OR OTHER INS	HUHON		LOCCUPATION FOR MOST OF		IFE) IND	USTRY	BUSINESS OR
	o src	₩.	3		alisbury	I	Peninsu	la Gene	eral Ho	spital		Lá	aborer		Po	ultr	y Plant
	24 hav	Suld be	37	13a. S	AL RESIDENCE (IF NURSING TATE 13 ryland	COUNT		13c CITY OR T		13d. INSIDE C	NO 🗌		t address	St.	/	2186	i3
	d within	and 2 sh	3	1	THER'S NAME FIRST George		DOLE H	Dale		15. MOTHER	S MAIDEN NA		MIDDLE		armo	LAST	
	cuted	-	0	16a.V	AS DECEASED EVER IN				SECURITY NO.	17. INFORMA			ADDRE	SWest	35+	h St	reet
	be exec	Pages	Medi	(1)	es, no or unknown) (F YES, GIVE	WAR OR DATES)	200 2	6 7714	Lilli	lan B. V	Wharto			ton,	Del	. 19802
/		e remo- carlo cupii crematim arzanavo	ar ather fraum at the state of the		Conditions, if any, w gove rise to immed couse (a), stating	CAUSEĎ MEDIATE	DUE TO, O	R AS A GONSE	couence of	cinh	st pis q	/oh	lin	Уъ	BE	TWEEN	NATE INTERVAL NSET AND DEATH
2	quire sign	hen pleas ta burial,	anjury, or o	NO	PART 2 OTHER SIGNIF		ONDITIONS CO	ONTRIBUTING	TO DEATH BU	NOT RELATED	TO THE TERM	INAL DISEA	ASE OR CONI	DITION GI	VEN IN P	ART 110	,
	6)	permit.	shows any in	CERTIFICATION	19a DATE OF OPERATIO	N	196 COND	ITION FOR WE	HICH OPERATION	N WAS PERFO	DRMED	20a AU YES	TOPSY?	IN CERT	ES, WERE IFYING C	FINDIN AUSES (GS USED OF DEATH?
	IG PHYSICIAN: The attending physicia ter this certificate h	OF !	200		21a. ACCIDENT WAS UNDER I OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL	SE OF DEAT	' 1	DE INJURY M. MONTH M.	DAY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER	nature ôf injur	RY IN ITEM IB	PART I OR F	PART 2)	
	after this	as the bu	ō	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC)	711. LOCATI)	CITY OR TO	wn	cou	YINI	STATE
	ATTENDI Sepital a	of Heal	If Nem 21 is marked		220. I certify that (1) (the saw the deceased above (1) (1) (1) (did 27b. SIGNATURE		1 - / 1		/	nd that in my	19 0 /	death occur	red on the do	ite and ha			
	0 0 0				27d PHYSICIAN'S NAM	E (TYPE OR		rale	2		ATTENDING PHYSICIAN	MEDICA	R PHYSIC			12/9	7/87
	HOSPITAL gined by 11 FUNERAL	ould be	PORTAN		Charles	- d	Ray	alm	20	Po	BOX 26	36	Salis	bury	m	0 6	180/

73c. NAME OF CEMETERY OR CREMATORY

Mt. Wesley

DHMH - 16 50M 1/B1 (VRA 15, 4)

23a BURIAL, CREMATION, HEMOVAL

Burial

24 FUNERAL DIRECTOR Norman F. Dennis , Snow Hill, Maryland

12/15/87

236. DATE

Snow Hill, Maryland
Snow H

23d LOCATION CITY OR TOWN

up 10:16

1887 1-1 030

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND HEALTH AND MENTA FICATE OF DEATH		E 7REG. NO.	3	7 2	7 2
C -1	1.	CEASED NAME OR PRINT) EVE	rett	Willic	am C	wens	LAST	70	November	24,	1987	26. HOUR
-	3. SE)	Male		RACE Whit		S. DATE (5 :	T2	YRS.	MONTHS DAY	
6	So	RTHPLACE ISTATE OR FO COUNTRY) Ilisbury, Ma	ryland	U.S.A		MARRIE			WICOMIC	CO		MD
90	8A	TY OR TOWN OF DEA		508 H	NOMMAI	DOSTR	OR OTHER INSTITUTION	SN 120	USUAL OCCUPATIO	WORKING LI		of BUSINESS OR Property of the Comments of the
35	13a. S	AL RESIDENCE HE NURSI STATE Maryland	136 COUNT	omico	Salisbu		13d INSIDE CITY LIMI YES NO 15 MOTHER'S MAIDE		STREET ADDRESS / . 508 Hammo	zip cod ond S	treet	21801
2	1	Joseph Will	iam Q				Bertha		WIDDLE	S (2)11	Adki	ns
1		VAS DECEASED EVER res. no or unknown) No		MED FORCES?	217-10-				race Owers Street, Sali		y, Md.	21801
		PART I. DEATH W Conditions, if any, gave rise to imm couse (a), stating underlying cause	which	DUE TO, OF	R AS A CONSEOU	ENCE OF	Carcinon	e 0	+ Lung		BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
2	CERTIFICATION	PART 2 OTHER SIGN		1			NOT RELATED TO THE			20b. IF YE	S, WERE FIN	
9	MEDICAL CERT	21a. ACCIDENT WAS UND OR CONTRIBUTING C JIF EITHER NOTIFY MEDIC 21d INJURY OCCURR	AUSE OF DEAT	21b. TIME OF HOUR A./	M, MONTH D M.	AY YEAR	216 HOW INJURY O		(ENTER NATURE OF INJURY	IN ITEM 18	PART LORPART 2	7)
2	ME	WHILE NOT WHAT WORK AT WORK 270. certify that (I)			EET, FACTORY, OFFICE,		Oct. 19	87	to 24 Ve		19.87	state
1		sow the decease abave, 41 (we) at 27b. SIGNATURE	d alive an	view the bady	ofter death.	87,0	PHYSIC	ING M	h accurred an the dat AEDICAL STAFF IRECTOR PHYSICIA		77c. DA	te SIGNED /24/1987
		Joseph A.				m.c			Street, Sal	isbur	y, Md.	21801
		BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL	73b. DATE 11/27	/1987 V	NAME OF C	ico Memorio	al Pk	Salisbury,	Wico	mico,	Maryländ

NOV 30 1987 Julia Dioiden Roman

Aulia Divideon Randale

24 FUNERAL DIRECTOR

Holloway Funeral Home, P.A., Salisbury, Maryland

TO FUNERAL DIRECTOR; After this certificate has but

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF	MARYLAN

D DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEITH OF	HENEIM	MILL	SAIR LA L'A	10
CERT	IFICATE	OF	DEATH	

7 5 8 0 9 DEC 22	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY (CERTIFICATE OF DEATH	GIENE REG. NO. 3	2 1 3
p	I. DECEASED NAME FIRST (TYPE OR PRINT) Thelma	R.	Payton	December 10, 1987	25. HOUR 3:45p
ge 4 moy	3. SEX Female	4 RACE Negro	5. DATE OF BIRTH 23/ 1928	6. AGE (IN YEARS LAST BIRTHDAY) IF U MON	NDER I YEAR IF UNDER 24 HRS THS DAYS HOURS MIN.
eoth. Por	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF WICOMICO County	DEATH MD.
on the form	10. CITY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Deer's Head C	NG HOME OR OTHER INSTITUTION TADDRESS) enter		12b. KIND OF BUSINESS OR INDUSTRY
AND 212 filled in foult in	DAL RESIDENCE (IF NURSING JONE OF STATE 131 COL		READMISSION) YN 13d INSIDE CITY LIMITS? YES NO 🔯		21622 - Md. Church Cree
MARYLA mpletely pnd 2 si	FATHER'S NAME FIRST RUFUS	** CORNISH	15. MOTHER'S MAIDEN NA MARY ^{SIRST} JEAN		ers LAST
BALTIMORE, one be execut system and co	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 213-22-	7020	ADDRESS PAYTON Sr. P.O	.BOX 46
201 W. PRESTON ST., B. thot the deoth certifico by the otherding physical emove corbon paginal, cremotion, or remove, or other troumatic event,	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE CONSEQ	TI Failure. TIC Nephropal. JENCE OF	try	APPROXIMATE INTERVAL 8ETWEEN ONSELAND DEATH
AL RECORDS, he law require on. hos been sign f permit. Then rene prior to bu	POLA CVA. 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	oronary alter	ds with CHF,	Multiple West	ERE FINDINGS USED IG CAUSES OF DEATH?
DIVISION OF VITAL NG PHYSICIAN: The offending physicion fifer this certificate hi os the buriol-tronsit fit ond mental Hygue th and Mental Hygue	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D. (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MONTH D	19 21f LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART CITY OR TOWN	COUNTY STATE
OI OR ATTENDIN the hospitol or an U DIRECTOR: After the bept. of Health is if them 21 is man	220.1 certify that (1) (this has	pital) attended the deceased from, in an interpretation of the bady after death.	DEGREE ATTENDING	death accurred on the date and hour on MEDICAL STAFF DIRECTOR PHYSICIAN	, that (I) (we) last ad from the causes stated
O HOSPITA O HOSPITA TO FUNERA Should be de with the Sto	M. Shres	OR PRINT)	22e ADDRESS	Center, Salisbury,	
BP	230 BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Ohn Wesley U.M.	Liners Road	ounty Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

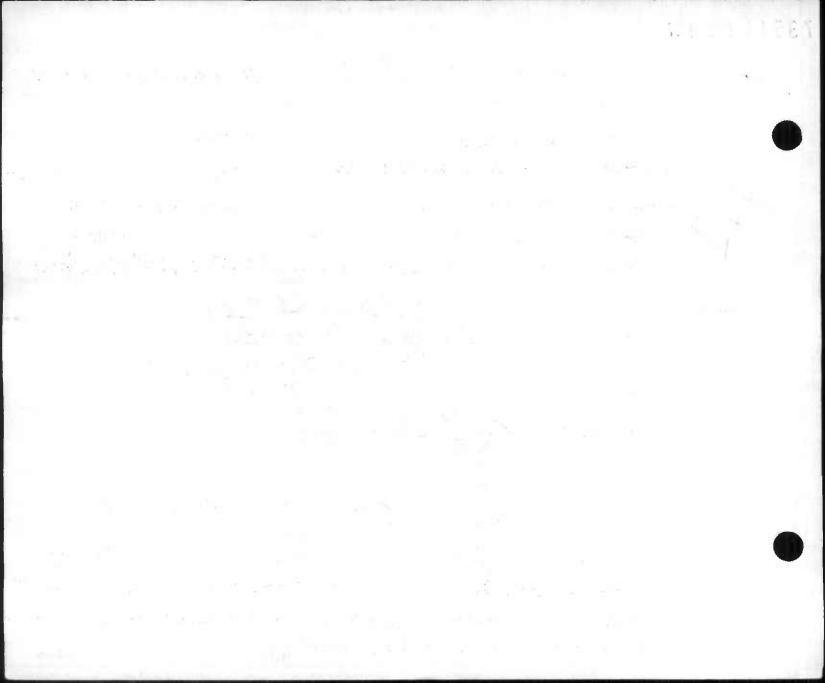
14 FUNERAL DIRECTOR
L. H. Boardley F/H Camb., ADMED. 21613

DEC 1 6 1987

December 70, 1907 1:100 tehnet Snei s'unell terrisit. De PSOIR ON THE STATE OF THE ST 21..... The set it is a partie of the set to the thirty be the wind by 4 Constin Vest Septem, McCartery, 13. 25107

AND THE PROPERTY OF THE PARTY O

735	5 4 DEC -1	87	FOR STATE		DEPARTMENT OF H	OF MARYLAND	HYGIENE	7 2 7 4
			REGISTRAR	MIDOL		CATE OF DEATH	REG. NO.	DAY YEAR 126 HOUR
	by be oge 3 deoth		CEASED NAME FIRST CLIF	TON FRAN	· CDH	ILLIPS	NOVEMBER :	24,1989 1137 M
	ctor po	3. SE	Male	4. RACE White	5. DATE O	12 1913	6 AGE (IN YEARS LAST BIRTHDAY) 74 YRS	IF UNDER 1 YEAR IF UNDER 14 HRS
	oth Pog	ā	RTHPLACE (STATE OR FOREIGN COUNTRY) Cean View, Delo	76 CITIZEN OF WHA	MARRIET	NEVER MARRIED	B BALTIMORE CITY OF COUNT	Y OF DEATH
103	by the tun liked within	Sa Sa	ITY OR TOWN OF DEATH Lisbury	PEMINSUIS	PITAL, NURSING HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Clerk	126 KIND OF BUSINESS OR INDUSTRY Hardware Store
BALTIMORE, MARYLAND 2120	A STATE	M		OR OTHER INSTITUTION, GIVE UNITY 13c	residence before admission) CITY OR TOWN Salisbury	13d INSIDE CITY LIMIT YES NO	N. Park Garder	os 21801
MARYL	120	A F	ATHER'S NAME FIRST Frank	Č. P	hillips	Lula Lula	B. MIDDLE	Phillips
MORE,	AV		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, W	ARMED FORCES? 166 GIVE WAR OR DATES)	161-10-2637	17 INFORMANT Mr 455 Lynnwo	s. Barbara P. Davis ood Court, Severna F	(Daughter) Park, Md. 21146
			18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED)	only one couse per line SED BY: ATE CAUSE (a)	for (0), (b), and ic)	belon and	1 Sagain	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DS, 201 W. PRESTON ST	quires that the death ca signed by the attending then please remove cath to buriol, cremation, ar njury, ar other traumatie	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN	DUE TO, OR AS	A CONSEQUENCE OF	(V) Lp	Day Andrews	IVEN IN PART I to
DIVISION OF VITAL RECORDS.	NN The low re hysicion. Icate has been ronsit permit. I Hygiene prior	CERTIFICATION	190 DATE OF OPERATION 18 74 57 210. ACCIDENT WAS UNDERLYING	abolen	N FOR WHICH OPERATION	inopon	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)
ION OF VI	HYSIC19 Iding p His certif Burial-I Mental	MEDICAL C	OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. P.M. 21e PLACE OF II	MONTH DAY YEAR	211 LOCATION	CITY OR TOWN	COUNTY STATE
DIVIS	ar ath ar ath se as th eolth or marke	>	220.1 certify that (I) (this has	spital) attended the de	eceased fram	Man., 19.	82 10 27 29	, 19, that (I) (we) lost
	AL OR ATTEN the hospital AL DIRECTOR, detached for us of Dept of Hem 21 is		sow the deceased alive obove. (II we) idject this	ngs view the bady little	r death.	DEGREE	nion death accurred on the date and ha	22c DATE SIGNED
	TO HOSPITAL (retained by the TO FUNERAL Eshould be deto with the State EIMPORTANT: #		Andrew J. Fo				erside Drive, Salisbu	ry, Maryland 21801
	BP		BURIAL, CREMATION, REMOVA ISPECIFY Burial	236 DATE 11/28/1	987 Marylan		Cemetery Horlock, [
	DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR HoHoway Fune	ral Home, P	A. Salisbury,	Maryland	NOV 30 1987 Julia	STRAR'S SIGNATURE



6

if. Page 4 moy be

arector, page 3 CD haurs ofter death

STATE OF MARYLAND

DEPARTME

NT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO	. 3	7	2	7
LAST	20 DATE OF DEATH	HTMOM	DAY	YEAR	2b. HOU

	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	2 7 5
DV 13	1.67	CEASED NAME OF PRINTS	REG. NO. DAY RE	8 7 12:USA
	3. SE	MALE	T. NACE	UNDER 1 YEAR IF UNDER 24 HRS WIHS DAYS HOURS MIN.
33		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED WICOMICO WICOMICO	F DEATH MD.
1		alisbury	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING (IFE)	126. KIND OF BUSINESS OR INDUSTRY
29	13a. S	STATE MA 136. COUN	100 BERLIN YES & NO 1 506 WILL	This
3) 6a.\	5. BICI	PASY WARES PASY WARES PERST DREY MIDDLE WILL	MEROW
2 medico		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 213-05-0868 7.0. PHILLIPS - DERI	4/11/110.
event, th		PART I. DEATH WAS CAUSE	ly ane cause per line for (o), (b), and (c),) D BY: E CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or ather traumotic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last		
any injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT (VERE FINDINGS USED NG CAUSES OF DEATH?
Now 18 show		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	TH HOUR A.M. MONTH DAY YEAR	
marked or the	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN	COUNTY STATE
21 is		saw the deceased alive an abave (I) (we)(did), did no	tol) attended the deceysed from	
T. #		226 SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	11-7-67
IMPORTANT		DAVIDE COLL	ALL, M.D. SALKBURY, MOZIS	0/
_		BURIAL, CREMATION, REMOVAL	11-10-87 ST, PHUL'S BERLIN, U	m. no
/B1	24 F	WALL RICH	MOV 1 2 1987 Julia Da	AR'S SIGNATURE

DHMH - 16 50M 1/BI (VRA 15, 4)

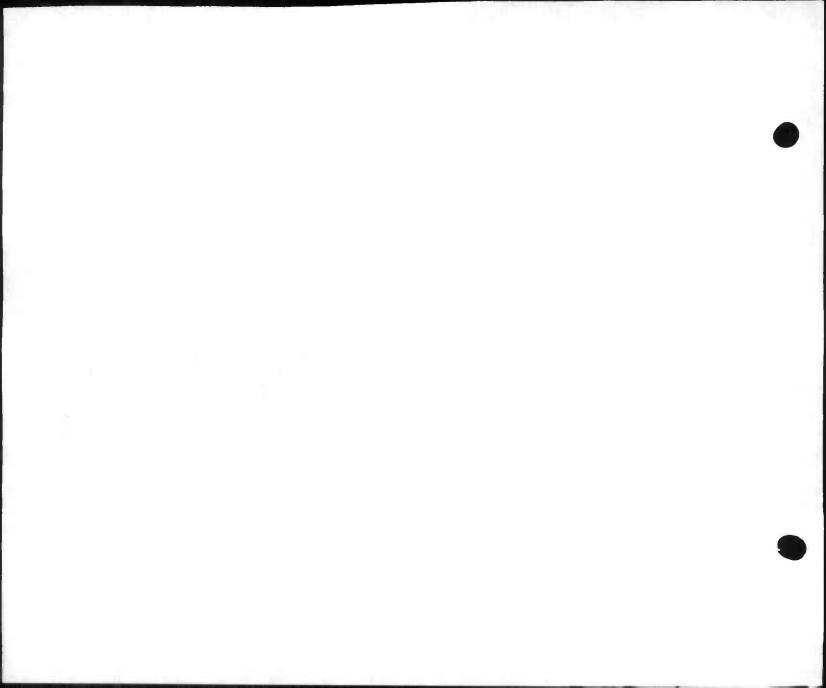
BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely tilled should be detached far use as the burial-transit permit. Then please remove corbon popers. Page 1 and 2 stranglates with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

retained by the hospital or ottending physician.

CERTIFICATE #87 372%



7.0			FOR = STATE REGISTRAR			DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 7 REG. NO	3 3	2	17
761	4 O DEC 2	8 vg	ECEASED NAME PE OR PRINT) EL	FIRST VA	ELL	_IS	BHI	PPIN	Decento	MONTH D	2 1987	26 HOUR /2:25 AM
	ge 4 may ector, pai	3. S	Female	4	RACE White		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT		FUNDER I YEAR	HOURS MIN.
	death. Po	5	BIRTHPLACE (STATE OR FOR COUNTRY) Maryland		U.S.		WIDOWE		Wicomico	R COUNTY	OF DEATH	MD
503	24 hours after a silled in by the fundamental by th		Salisbury	F	eninsu	la Genera	11 Hos	ROTHER INSTITUTION pital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		Dryc	leaning
AND 217	in 24 hou y filled in hoofd be	130	Maryland	3b. COUNTY Wicor	Υ	13t. CITY OR TOW Salisbur	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS Route #12	Marin	e Rd.	21801
, MARYI	d completely fi		Frank	Jan		O'Brien		15. MOTHER'S MAIDEN NA	Elizabet		Harrin	ngton
TIMORE	Pog e	160.	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	218-16-6		Rte #1 Box	yllis A. Steel , Ocean View	e Bel		19970
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	requires that the death certificate be signed by the attending physicial. Then please remove carbompapers into burial, cremation, or removal.		Conditions, if ony, gave rise to imme cause (a), stating underlying cause	S CAUSED MMEDIATE which ediate	BY: CAUSE (o) DUE TO, O	R AS A CONSEQUE	NCE OF	ANNEST.	K2194	IN FIEX		MATE INTERVAL DISET AND DEATH
L RECORDS, 20	n. nos ber permit ne pric	CERTIFICATION	PART 2 OTHER SIGNI					NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES.	WERE FINDING CAUSES	GS USED
VISION OF VITA	ING PHYSICIAN: The rate and a physicial after this certificate to as the buriol-transit, in and Mental Hygie larked or frem J.8 sho larked or frem J.8 sho	MEDICAL CERT	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	USE OF DEATH	P. 21e. PLACE	M. MONTH DA	YEAR 19	211. HOW INJURY OCCUR		Y IN ITEM 18 PA		STATE
á	he hospital or a DIRECTOR: Africated for use of soched for use of bobt, of Health		220.1 certify that (1) (t saw the deceased above, (1) (we) (dia 22b. SIGNATURE	alive on	12/22	19 8		d that in (my) (our) apinion DEGREE	death occurred on the do		/	SIGNED

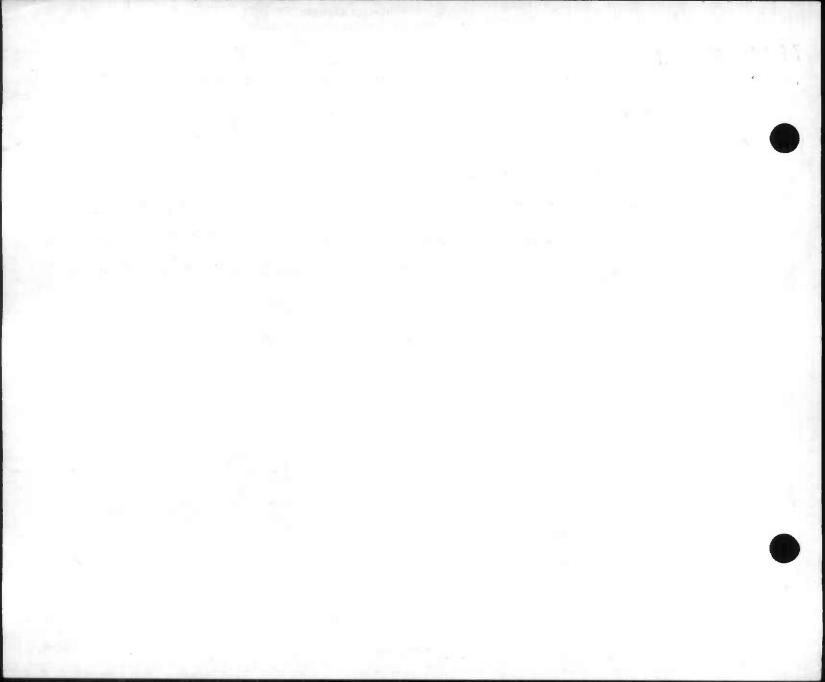
TO FUNERAL should be det with the State IMPORTANT: 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY Burial Salisbury, Wicomico, Maryland 12/24/1987 Wicomico Memorial Pk 24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland EC (VRA 15, 4)

Civic Avenue & Route 50, Salisbury, Md. 21801

DHMH - 16 50M 1/81

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

William H. Robins, MD

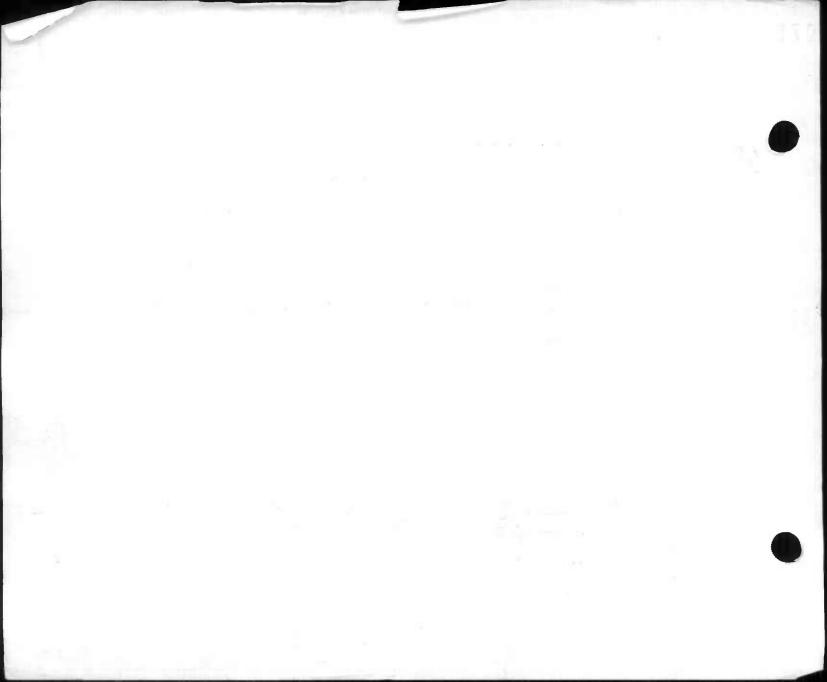


7	6	7	8	DEC 3	87-	FOR STATE REGISTRAR			DEPARTA	CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. P	-	7 :	2 7	1 3
			m c			CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH		- 1	26 HOUR
		å A	page 3				Joseph	ine	Ida	Pie	rce	De cember		987		7:45 A
		ge 4 ma	ector, po		3. SE	x Temale		4 RACE Caucas	ian	5. DATE C	mber 5, 1921	6 AGE (IN YEARS LAST B	YRS	MONTHS		HOURS MIN.
1		eath. Page	eral dire	4		IRTHPLACE ISTATE COUNTRY)		U.S.A	F WHAT COUNTRY?	8. MARRIE WIDOWE	DIVORCED	9 BALTIMORE CITY Wicomic		TY OF DEA	TH	ME
	by the full filed with				19°C	ITY OR TOWN OF	DEATH	11. NAME O	F HOSPITAL, NURSING SUCH FACILITY, GIVE STREET	G HOME (OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	TION OF WORKING	LIFE) INDU	ISTRY	BUSINESS OR
4D 21201		24 haurs (filled in by		130.	alisbury ALRESIDENCE I** STATE Virginia	IURSING HOME OR	OTHER INSTITUTE	ula Genera on give residence before 13c. CITY OR TOW Parksley	ADMISSION)	pital 	Homemaker 13e STREET ADDRESS P. O. Bo	5	23	VA 7421	199
MARYLA		nithin ba	mpletely f	AM		ATHER'S NAME FIRST		MIDDLE	Pumphrey		IS MOTHER'S MAIDEN NA				ter	back
BALTIMORE		oe executed	n and ca	medical		WAS DECEASED EV YES, NO OR UNKNOWN NO		MED FORCES E WAR OR DATES			17 INFORMANT Franklin Pie	P. O.	Box 1 Ley,			
ST.	:	death certificate b	iding physicia	ar remayal.		18 CAUSE OF DE PART I. DEATI		re CAUSE (0)	oer line for (0), (b), one Me Yas OR AS A CONSEQUE	12.70	Squano	us Coll	Ca.	BE	APPRÖXIM TWEEN O	AATE INTÉRVAL NSET AND DEATH
201 W. PRESTON		uires that the deat	by the atter	al, cremation, ar		Conditions, if of gove rise to couse (a), st underlying co	immediate ating the	DUE TO,	OR AS A CONSEQUE	NCE OF						
RDS. 20	i	equires	Then of	injury, o	NOI	PART 2. OTHER S	IGNIFICANT (CONDITIONS	CONTRIBUTING TO I	EATH BUT	NOT RELATED TO THE TERM					
M. RECO	1 2 4 4 4	he law	has bee	s any	CERTIFICATION	19a DATE OF OPE	RATION	196 CON	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO NO	IN CER	TIFYING CA		GS USED OF DEATH? NO []
VISION OF VITAL RECORDS.	5	ICIAN: T	ertificate	ntal Hyginem 18 sh		71a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY)	CAUSE OF DE	ATH HOUR	EOFINJURY A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	jury in item 1	8 PART I OR P	ART 2)	
NOISI	2	PHYS!	r this ce	and Mer	MEDICAL	ZId. INJURY OCC	URRED	Zie PLAC	CE OF INJURY STREET FACTORY OFFICE, F	ARM, ETC)	Z11 LOCATION STREET	CITY OR	TOWN	COU	NIY	STATE

opinion death accurred on the date and hour and from the causes stated

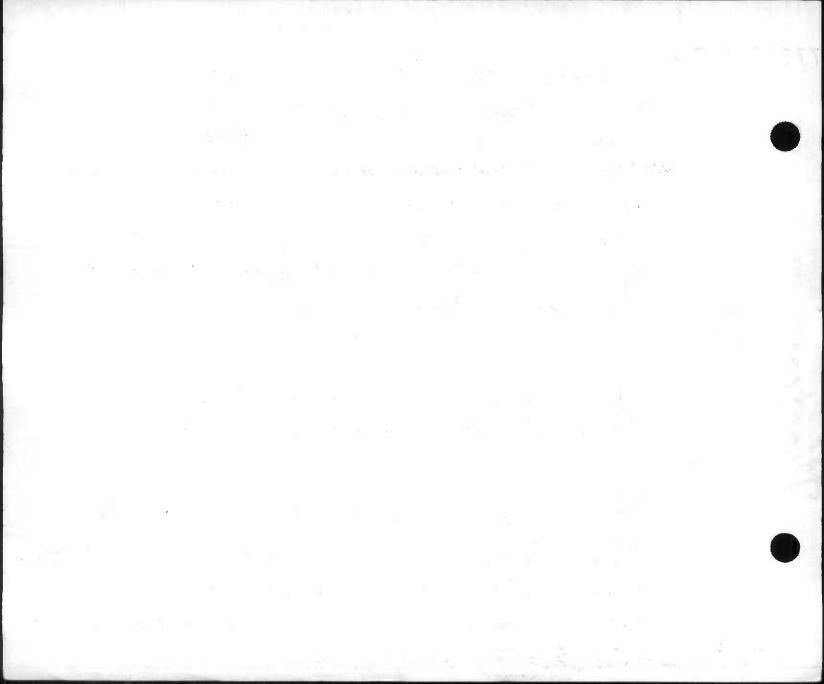
should be detached for use as with the State Dept. of Health IMPORTANT: If them 21 is man DEGREE 226. SIGNATURE MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN 22e ADDRESS Paul R. Fleury, M.D. 560 Riverside Dr., Salisbury, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE Temple Hills P.G. Maryland CITY OR TOWN 12/31/87 St.Barnabas Epis.Ch.Cem. Burial ADDRES OX ON Hill Rd 250 DATE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) George P. Kalas Funeral Home Oxon Hill, Md.

220.1 certify that (1) (this bospital) attended the deceased from sow the deceased alive on obove, (I) (we) (did) (the not) view the body after death.



(VRA 15, 4)

STATE OF MARYLAND



retained by the hospital or attending physicion.

TO FUNERAL DEECTORS. Attent this certificate be executed within 24 hours after death. Page 4 may be considered to the certificate by the funeral director page 3 should be detached for use as the burial-transit permit. Then please in certificate pages 1, and 2 should be filed within 72 hours after death considered for use on the burial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be notified to all considered to the considered or item 18 shows any injury, or other traumatic event, the medical examiner must be notified to all considered to all considered to the DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

п				STATE OF MARYLAND				
П	,	FOR	DEPARTA	MENT OF HEALTH AND MENTAL HYG	IENE	483	1.5	4 4
Н	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	J. Tree is	3 7	2	0 0
	504	EASED NAME FIRST	WIDDIE	1245	REG. NO	MONTH DAY	YEAR	2h HOUR
	(TYPE	ORPRINT) MAGG	A -	Powell	Decemb	ver 30	1987	1716
-	3 SEX		4 RACE	5 DATE OF BIRTH	6 AGE LINYEARS LAST BIRT	HDAYL IE UN	DERIYEAR	IF UNDER 24 HRS
	2 SEV	FEMALE	WHITE	09 24 1910	71	MONTH		HOURS MIN.
3	7n Bis	UHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	18	9 BALTIMORE CITY O	YRS COUNTY OF	DEATH	
10	1	TARy And	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico			MD.
10	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF		KIND OF	BUSINESS OR
أفيرا		lisbury	Peninsula Genera	al Hospital	HOUSEWI	Fe 1	UWN	Home
L	USUA 13 S	TATE / 13b2 COUN		N 13d INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP CODE,	-	24 0 00
			comico JALISBA		124 5	acks	ONJ	721801
1	14. FA	THER'S NAME	AIDDLE LAST	15 MOTHER'S MAIDEN NA	Weble	7	O. LAST	1 /
Н	160 W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRE	SS SS	P150	CLL
			E WAR OR DATES)	2165 JAMES 1	R. Powel	1 San	no A	1132
		11/6			· / C WE/	SAN	APPROXIN	AATE INTERVAL
		PART I. DEATH WAS CAUSE					BETWEEN O	MATE INTERVAL
		IMMEDIAT	TE CAUSE (a) CARDIA	C ARREST				
			DUE TO, OR AS A CONSEQUE		-	- 1		
		Canditians, if any, which	(b) CHRONIC	BRIACHIY 1.	.5			
		cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF				
		underlying couse last	(c) Cakeny	MY ARTERY	RISTAS	_	_	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN II	V PART 110	
_	Į į							
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE		
1	E				YES NO	YES [NO []
1	8	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	IN IN ITEM 18 PART I	OR PART 2)	
4		OR CONTRIBUTING CAUSE OF DEA						
ľ	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e PLACE OF INJURY	21f LOCATION				
	WE	WHILE O NOT WHILE O	LAT HOME STREET FACTORY, OFFICE F		CITY OR TO	WN	COUNTY	STATE
		AT WORK AT WORK	1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D 1 D	1/14 10 54	12/3	1 10.6	F7	
		sow the deceased alive an	ital) attended the deceased from	, and that in (my) (aur) apinion (death accurred on the do	te and how and	/	hat (I) (we) last
		above, (1) (we) (did) (did na 27h. SIGNATURE	it) view the body alter death.	DEGREE			22c. DATE S	
		1/1/	1/1/	ATTENDING	MEDICAL STAF	F	. 3 /	A-
_		22d PHYSICIAN'S NAME LIVES	APPOUNTS	PHYSICIAN &	DIRECTOR PHYSIC	IAN I	12/3	1/0/
		224. TITISICIAN STAME (TITEC	W Dan WS	THE ADDRESS IRT S	TOY CIVI	mla	1001	
	22. D	URIAL PREMATION, REMOVAL	14 NOS 10-2	NAME OF CEMETERY OR CREMATORY	SHURY	1111, 2	1801	
		SPECIOURIAL SPECIO	123b. PATE 4-1988 73c 1	PARSONS CEMER	4 Salisi	bury to	ticom	ice MD
	24. FU	INERAL DIRECTOR	/ // ADDRESSO	250 DAI	REC'D, BY REGISTRAR	A MECHANICAL	510N 1	miletil.
		Dounds Fu	WERH Home	MARYLAND JA	1 D 1988	L		

Miles til katif halfe mill og som fra kleine med fir kjulgsgill - By the realize to period on a series of the state of the series of the

STATE OF MARYLAND	
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ENTAL	HYGIENE		
ATH		8-8	1

70/	REGISTRAR			CERTIF	ICAIL OF DEATH		REG. NO	. 13	6.	
	CEASED NAME FIRST	A	AIDDLE	L.	AST		20 DATE OF DEATH	HINON	DAY YEAR	2b. HOUR
1,	IRENE E	LIZABET	TH PRE	ETTY	MAN		DECEMBE	₹ 17,	1987	· M
3. SE	X	4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIRTI	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	emale	White		~07	05 1912	2	75	YRS	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN) COUNTRY) Varyland		S.A.	MARRIE	D NEVER MARRIED	· 🖳 [BALTIMORE CITY OF WICOM		Y OF DEATH	44.0
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 903 VINCENT S				G HOME C ADDRESS)	OR OTHER INSTITUTION	1	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife	N		MD PF BUSINESS OR
130 N			GIVE RESIDENCE BEFORE 130. CITY OR TOW Salisbut	N	13d. INSIDE CITY LIMIT YES NO [903 Vincen			21801
	Thomas Bowden				Mary FIRST	NAM	WIDDLE	L	ayfield IAS	ī
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT Mrs. Jessie Donovan (Dau No Route #2 Box 73, Georgetown, D)
	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATE Canditians, if any, which gove rise to immediate cause (o.), stating the underlying cause last.	DUE TO, OF	CAD R AS A CONSEQUE	ACE OF O	M.T. nosdensis Diabele				BETWEEN	MATE INTERVAL ONSET AND DEATH
NO	PART 2 OTHER SIGNIFICANT CO	serbers		EATH BUT	NOT RELATED TO THE	TERMIN	NAL DISEASE OR COND	ITION GI	VEN IN PART 18	O I
CERTIFICATION	190. DATE OF OPERATION	OPERATIO	N WAS PERFORMED		20a AUTOPSY? YES NO	IN CERTI	S, WERE FINDIN IFYING CAUSES ES []			
	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A./	M. MONTH DA	Y YEAR	21¢ HOW INJURY OC	CURRE	D (ENTER NATURE OF INJURY	IN ITEM 18	PART (OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	21f. LOCATION STREET	dos-	CITY OR TOW	23	COUNTY	STATE
	22a.1 certify that (I) (this hospital saw the deceased alive on _		_	4/6/8	nd that in (my) (our) api	nion of	toath occurred on the da			that (1) (we) last

ATTENDING PHYSICIAN

Eastern Shore Drive, Salisbury, Md. 21801

MEDICAL STAFF
DIRECTOR PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY

230. BURIAL, CREMATION, REMOVAL Burial

22b. SIGNATURE

12/20/1987

Wicomico Memorial Park

Salisbury, Wicomico, Maryland BY REGISTRAR 256, REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

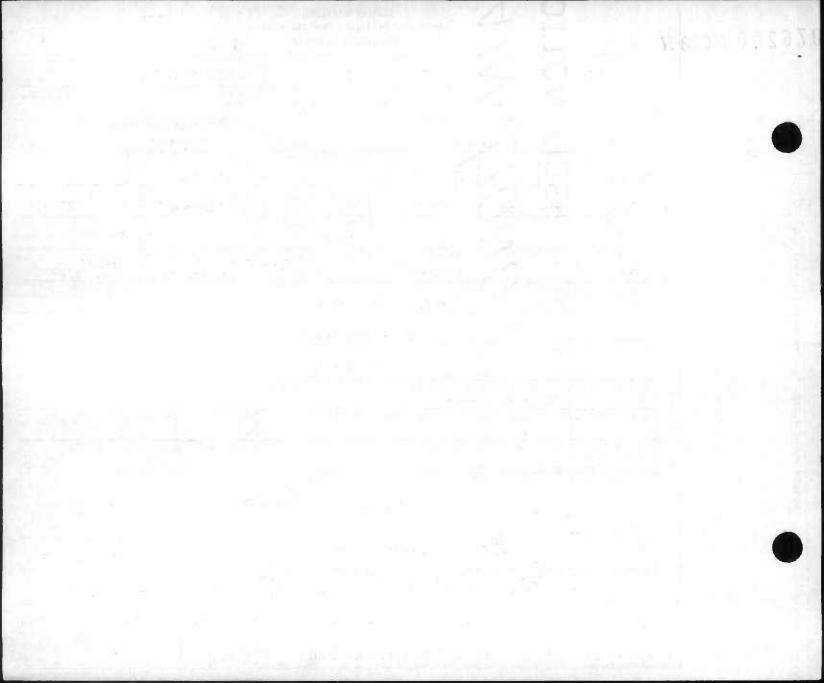
MPORTANT: If hem 21

(VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Maryland

22c. DATE SIGNED

12/18/1987



ector. poge 3

FOR STATE REGISTRAR		DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYG
ACED NIAME	FIRET	MIDDLE	TAST	

1 - STATE REGISTRAR	DEPARI	CERTIFICATE OF DEATH	REG. NO.	7 2 8 2
3 DR CASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
NE	Nellie B.		November 8, 19	987 9:55 p. _м
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	03 11 1905	84 yrs.	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Maryland	U.S.A.	WIDOWED NORCED	WICOMICO	MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY GIVE STREET ROUTE #1 BO	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR E) INDUSTRY
SALISBURY			Housewife	
Maryland 13b CO	or other institution, give residence before UNTY 13c, CITY OR TOV Salisbur	Y YES NO [Route #1 Box 69	26 21801
14. FATHER'S NAME FIRST James	MIDDLE LAST Brown	15 MOTHER'S MAIDEN	MAME	Bailey
160 WAS DECEASED EVER IN U.S. A		URITY NO. 17. INFORMANT Mr.	Elton H. Pusey (Son)
PART I. DEATH WAS CAUS IMMEDI Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)		caac i dent	
	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	rminal disease or condition giv	EN IN PART I(a)
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
	DEATH HOUR A.M. MONTH D	PAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive (abaves (1) we) (did) (did	pital) ottended the deceosed from	, and that in (my) (our) opini	on deoth accurred on the date and hav	
221 SIGNATURE	ober, 1		MEDICAL STAFF DIRECTOR PHYSICIAN	11/09/1987
James A. Coc		100 Power	Street, Salisbury, Mo	d. 21801
230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION CITY OR TOWN	COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

MPORTANT: If them 21 is marked of

injury, ar other traumotic event,

DUTIAI | 11/10/198/ | Wicomico Memorial Park Salisbury, Wicomico, Maryland eral Director | 250. Date REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE | Molecular Park | 11/10/198/ | Wicomico, Maryland | 11/10/198/ | Wicomico, Wicom 24 FUNERAL DIRECTOR

Julia Divideon Pendale

STATE	OF	MARYLAND
	STATE	STATE OF

ENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	NE 8	REG. NO	o. 3	7	2	3	
LAST	DATE O	E DEATH	MONTH	DAY	YEAR	125 HO	110

FOR STATE REGISTRAR		IEALTH AND MENTAL HYGIEN	B REG NO 3	7 2 3 3
I. DECEASED NAME FIRST RUT		LILLEN 20	DATE OF DEATH MONTH DAY	187 26. HOUR
7. sex 7e.male			AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS NIHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW. 11. NAME OF HOSPITAL, NURSING HOME OF	D NEVER MARRIED DIVORCED DIVORCED	BALTIMORE CITY OR COUNTY O	County ME
Salisbury	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Deers Head OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI		TYPE OF WORK FOR MOST DE WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
136. STATE 136 COUNTY		13d. INSIDE CITY LIMITS? 13 YES NO 15. MOTHER'S MAIDEN NAME	STREET ADDRESS / ZIP CODE	5. 21811
	MED FORCES? 166 SOCIAL SECURITY NO.	ALICE 17. INFORMANIT	PERCE	LAST
	EWAR OR DATES) 1660-7613	R. HASTING	5 SOLILARY	Ms.
PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b), and (c). D BY: E CAUSE (a) CAR DIO PUL	MUNARY AK	REST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) 1+196612NS1 DUE TO, OR AS A CONSEQUENCE OF	E ARTERIOSCLE VASCULAR	ROTIC CARSIO-	
	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	al disease or condition given	IN PART 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, VIN CERTIFYII YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DAY YEAR		(ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME STREET FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
saw the deceased alive on above, (1) (we) (did) (did no	tol) ottended the deceased from 12/5 19 7, o		th accurred on the date and hour o	
22b. SIGNATURE Ochlica &	mallong my	PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	12/5/87
22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS		,
ADEUA 230. BURIAL, CREMATION, REMOVAL	S. MALLONGA 1236. DATES 23 1232 NAME OF S	DEERS	HEAD RE	NJEE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician is should be detached for use as the burial-transit permit. Then please remove corban papers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate

retained by the hospital or attending physician.

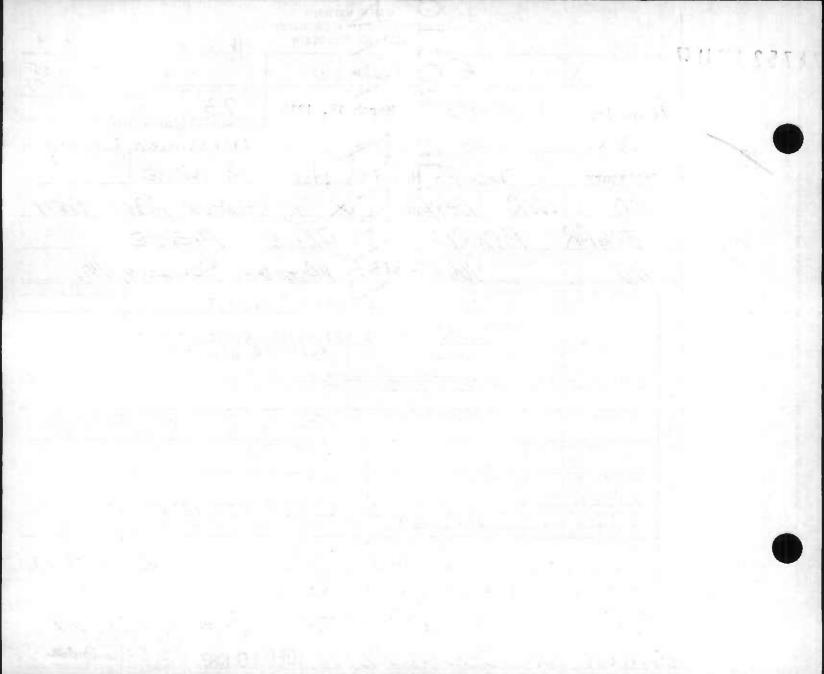
BP.

offer death 77

5 may be

VLARKIN F.H. BERLIN, MA

DEC 10 1987 Julia Savidson Bandale



23b DATE

12-5-1987

JOLLEY MEMORIAL CHAPEL RTE. 2, BOX 920

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IMPORTANT: should be DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

BURIAL

24 FUNERAL DIRECTOR

FRIENDSHIP UM SNOWHTI 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRSALISBURY, MD.

23d LOCATION CITY OR TOWN

230 NAME OF CEMETERY OR CREMATORY

WORCESTER

COUNTY

22c DATE SIGNED

28. HOUR 45

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

MD.

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HOUSEWIFF

IF UNDER I YEAR

INDUSTRY

21863

HARMON

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The fall of the sale

> /// Lela Pocomoke City, Md.

DHMH - 16 60M 7/84

(VRA 15, 4)

100 CE 100 Har Maria Para

MIDDLE

FOR

REGISTRAR DECEASED NAME

24 FUNERAL DIRECTOR

NAME TOLA

DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26. HOUR FUNDER 1 YEAR A AGE CIN YEARS LAST BIRTHDAY BALTIMORE CITY OR COUNTY OF DEATH 12a USUAL OCCUPATION
(TYPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY KBHILRO 13 STREET ADDRESS / ZIP CODE ANNE ma 200 F YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated 22c DATESIGNE STAFF PHYSICIAN DIRECTOR PHYSICIAN 23d. LOCATION SEMBLSE

JAN 11 1933 . Juli Dicher Holes.

O HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the haspital ar

	1 -	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	TREG. NO	3	7	2	රි ර	
28		CEASED NAME FIRST Nancy	Elizabe	th		son	2a DATE			3-8	YEAR	26 HOUR 7:30 A	7 _M
	into	Female	4_RACE White		S. DATE C	ch 18, 1935	6 AGE (11	YEARS LAST BIRT		IF UNDER		IF UNDER 24 HR	_
	G	RTHPLACE (STATE OR FOREIGN	USA		WIDOWE		9 BALTIM	NORE CITY OF	R COUNTY	OF DE	ATH	٨	AD.
0	Sa	lisbury	Peninsu	la Genera	al Hos	PROTHER INSTITUTION		or for most of the last of the		če (KIND OF USTRY .0.	BUSINESS C	R
6	13a. S	AL RESIDENCE (IF NURSING HOME C TATE 13% COU Md. WICO	OR OTHER INSTITUTION, C INTY MICO	Berlin		136 INSIDE CITY LIMITS?		BOX 3	37 A.	21	1811		
2		THER'S NAME E. Bos		Braun		Margare		M. MIDDLE		Hor	n LAST		
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 212-32-7762 Mr. Russell W. Sanson Berlin.								n, M	/ld .	21811		
	18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and ic) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which (b)								Bi	APPROXI ETWEEN C	MATE INTERVAL MSET AND DEATI	4	
		gave rise to immediate couse (0), stating the underlying couse last	(c)	as a conseque									_
	ATION	PART 2 OTHER SIGNIFICANT				N WAS PERFORMED		ASE OR CONL				GS USED	
1	CERTIFICATION	2]a. ACCIDENT WAS UNDERLYING						NO	IN CERTIF	YING C	AUSES	OF DEATH?	
7	MEDICAL C	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.A.	A, MONTH DA	Y YEAR		TREE (ENIER	NATURE OF INJUR	er in liem is r	ART TORT	PART 21		
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY SET FACTORY OFFICE, FA	ARM ETC)	211 LOCATION STREET		CITY OR TO	wN	COL	UNTY	STATE	
		22a. I certify that (I) (this has sow the deceased alive a abave (I) we (did) (did r	2 3 _ /	-	8700	nd that in (my) (aur) apinio	n death occur	rred on the do	ate and hav	19 <u>0</u> r and fr		hot (II (we) lo	ost
	(A SIGNATURE	-66	20,	m	DEGREE ATTENDING PHYSICIAN	MEDICA	AL STAF			DATE:	3-87	
		22d PHYSICIAN'S NAME (TYPE	Coccal	1, ms)	22e ADDRESS 148	buni	(a-10/	2180				

23c NAME OF CEMETERY OR CREMATORY

Reisterstown, Md. 21136 DEC 28 1987

Lorraine Park

MD 2/801

NO COLOTION
SITURDING
Baltimore, Md.

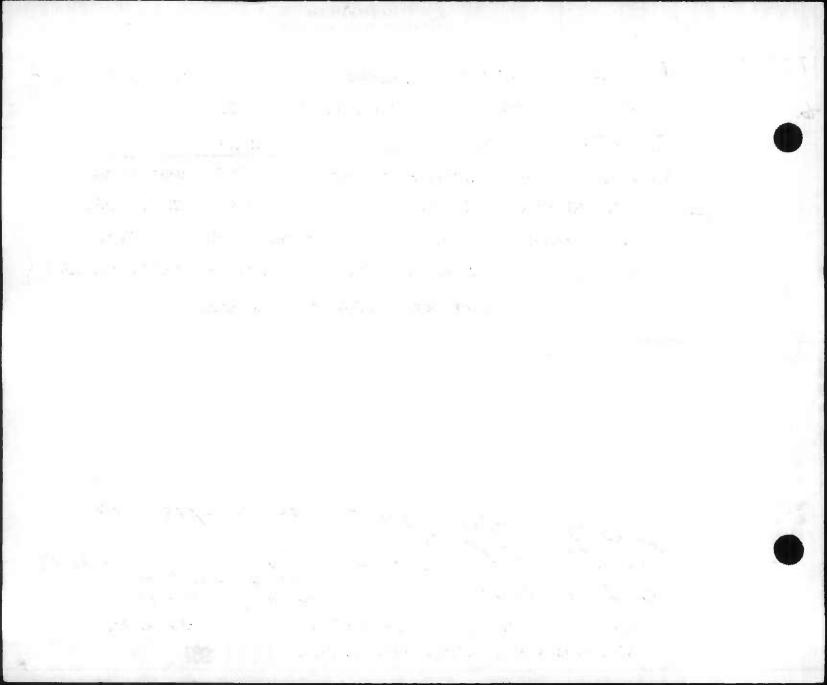
STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

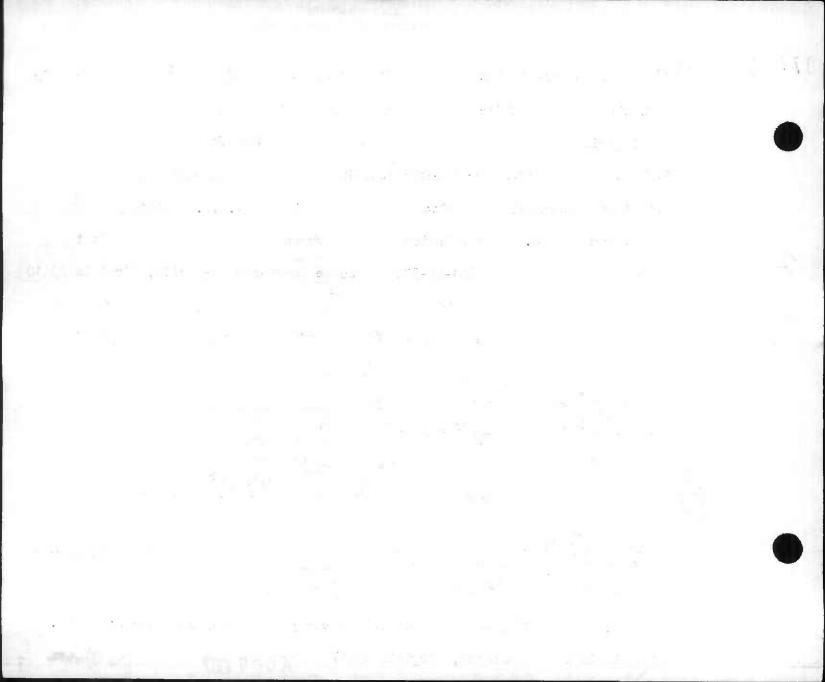
236 BURIAL CREMATION, REMOVAL 236 DATE BURIAL 12/26
24 FUNERAL DIRECTOR FUNERAL HOME

12/26/87

IMPORTANT: If them 21 is marked or Item 18 shaws any injury, or ather traumatic event, the medical TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Fowith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



STATE OF MARYLAND



BP

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR emA

230. BURIAL, CREMATION, REMOVAL

I SPECIFY!

23b. DATE

231 NAME OF CEMETERY OR CREMATORY

YES [

COUNTY

8

22c DATE SIGNED

2b. HOUR

0738

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

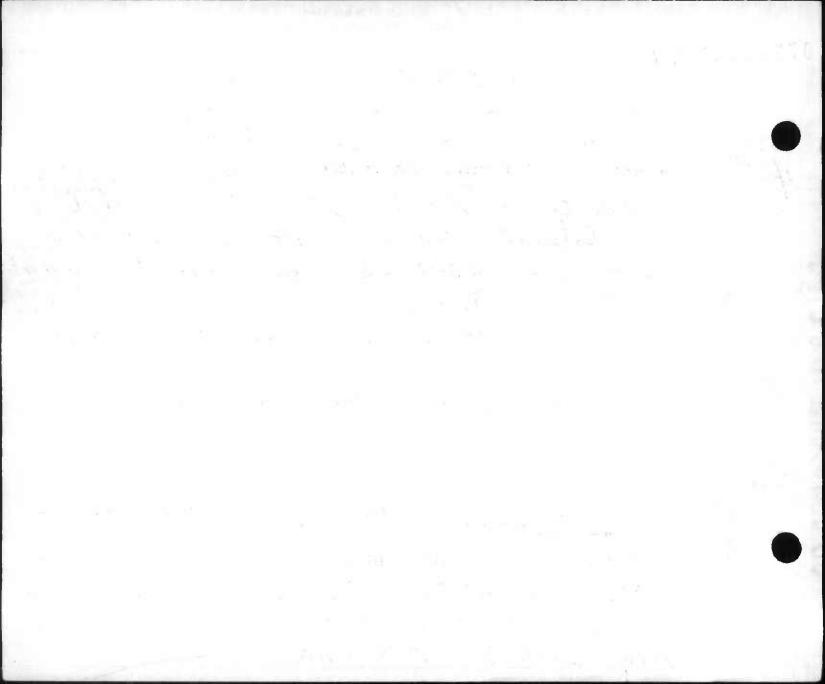
STATE

mine

IF UNDER 1 YEAR

INDUSTRY

REGISTRAR 25% REGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicil should be detoched for use as the buriol-transit permit. Then please remave corbon-paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, ar remavol.

TO HOSPITAL

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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may be

irrector, page 3 purs ofter death

STATE OF MARYLAND

REG. NO.	8	REG. NO.	3	?	2	9	
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1018	FOR STATE REGISTRAR	DE	CERTIFICATE		REG. NO	. 3	7 2	9
	CEASED NAME FIRST	RY	SCOT	T	20. DATE OF DEATH	MONTH DAY	- 87 21	HOUR
3. SE	×	BIK	5. DATE OF BIRTH	5- 1897 6	AGE (IN YEARS LAST BIR	THDAY) IF I		UNDER 24 H
7 a B	SARNWELL	76 CITIZEN OF WHAT COU	MARRIED LI NE	DIVORCED	Wicom	COUNTY O	FDEATH	
10 C	EdeN	(IF NOT IN SUCH FACILITY, GIV			120 USUAL OCCUPATION OF SOME SOME SOME SOME SOME SOME SOME SOME		126 KIND OF B INDUSTRY	OWIT
II/SU	STATE 136 CC	OUNTY 136. CITY O	R TOWN 13d INS	NOK	Rt#1B	ZIP CODE	21	823
14. Fz	MIKE	MIDDLE PROPLE	15. MO	THER'S MAIDEN NAMI	RNNA	GR	ines	5
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIA	6-9141 EA	ORMANT ARIENE, M	OFGAN J	38 NU	V 1300	St
	18 CAUSE OF DEATH Enter	only one couse per line for (a),	(b), ond (c)	\wedge	(, ,,,,	154	APPROXIMA BETWEEN ONS	TE INTERVAL
	PART I. DEATH WAS CAL IMMED Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CON		Urman	. Conver			
CATION	Conditions, if ony, which gove rise to immediate cause 10), stating the underlying cause lost.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) IT CONDITIONS CONTRIBUTIN	ISEQUENCE OF		NAL DISEASE OR CON	20b. IF YES, V	VERE FINDING	
ERTIFICATION	PART I. DEATH WAS CAL IMMED Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) IT CONDITIONS CONTRIBUTION 19b. CONDITION FOR Y	ISEQUENCE OF IS TO DEATH BUT NOT RE WHICH OPERATION WAS I	PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	VERE FINDING NG CAUSES OF	
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) IT CONDITIONS CONTRIBUTION 19b. CONDITION FOR Y DEATH HOUR A.M. MONT	ISEQUENCE OF IS TO DEATH BUT NOT RE WHICH OPERATION WAS I		200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	VERE FINDING NG CAUSES OF	F DEATH?
MEDICAL CERTIFICATION	PART I. DEATH WAS CAL IMMED Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) IT CONDITIONS CONTRIBUTION 19b. CONDITION FOR Y DEATH HOUR A.M. MONT	ISEQUENCE OF IS TO DEATH BUT NOT RE WHICH OPERATION WAS I TH DAY YEAR 19 211, LC	PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	VERE FINDING NG CAUSES OF	F DEATH?
	PART I. DEATH WAS CAL IMMED Conditions, if any, which gove rise to immediate cause Io), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this has sow the deceased alive obove, (I) (we) (did idid	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) DUE TO, OR AS A CON (c) 17 CONDITIONS CONTRIBUTIN 19b. CONDITION FOR N DEATH NORN 21b. TIME OF INJURY HOUR A.M. MONT P.M. 21c PLACE OF INJURY (AT HOME STREET FACTORY, ASSISTED! ASSISTED! ASSISTED! ASSISTED: ASSIS	ISEQUENCE OF ISEQUENCE OF IG TO DEATH BUT NOT RE WHICH OPERATION WAS I THE DAY YEAR 19 OFFICE, FARM, ETC.) 19 19 19 19 19 19 19 19 10 10	DW INJURY OCCURRE CATION STREET	200 AUTOPSY? YES NO D CENTER NATURE OF INJU	20b IF YES, V IN CERTIFYIN YES I RY IN ITEM 18 PART	VERE FINDING NG CAUSES OF	STAT
	PART I, DEATH WAS CAL IMMED Conditions, if ony, which gove rise to immediate couse 10), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (BETHER NOTHER MOTHER MOTHER NOTHER DAT WORK NOT WHILE AT WORK NOT WHILE AT WORK OBONE, (I) (we) (did (did 22b SIGNATURE)	DUE TO, OR AS A CON b)	ISEQUENCE OF ISEQUENCE OF IG TO DEATH BUT NOT RE WHICH OPERATION WAS I THE DAY YEAR 19 OFFICE, FARM ETC.) DEGREE DEGREE	PERFORMED DW INJURY OCCURRE ICATION STREET , 19 In (my) (our) opinion de ATTENDING PHYSICIAN	200 AUTOPSY? YES NO D CENTER NATURE OF INJU	20b. IF YES, VIN CERTIFYIN YES IN CERTIFYIN YES IN ITEM 18 PART	VERE FINDING CAUSES OF	STAT
	PART I. DEATH WAS CAL IMMED Conditions, if any, which gove rise to immediate cause Io), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this has sow the deceased alive obove, (I) (we) (did idid	DUE TO, OR AS A CON b)	ISEQUENCE OF ISEQUENCE OF IG TO DEATH BUT NOT RE WHICH OPERATION WAS I THE DAY YEAR 19 OFFICE, FARM ETC.) DEGREE DEGREE	DW INJURY OCCURRE ICATION STREET , 19 In (my) (our) opinion de	200 AUTOPSY? YES NO CITY OR TO CITY OR TO eath accurred on the d	20b. IF YES, VIN CERTIFYIN YES IN CERTIFYIN YES IN ITEM 18 PART	VERE FINDING NG CAUSES OF	STAT

ASS. G O ADM

074452 DEC-

REGISTRAR

STATE OF MARYLAND

DEP

ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B TREG. N	10. 3	7	2	9	
LAST	2a. DATE OF DEATH	MONTH	DAY	YEAR	2b. H	οu
and the second s						

MD.

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

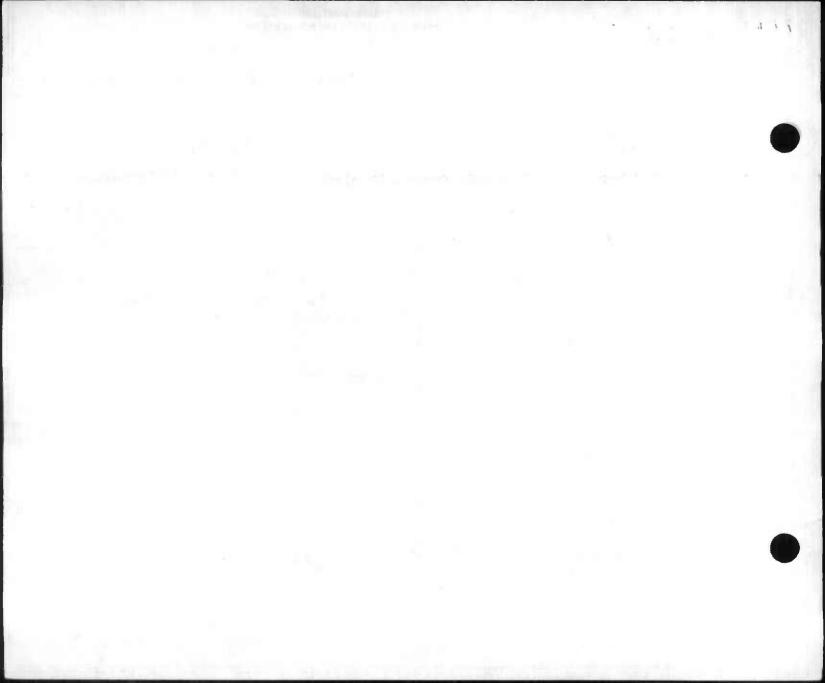
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	CEASED NAME ORPRINTI	FIRST		AIDDLE	i.	AST	Zo. DATE OF DEATH	MONTH	DAY YEAR	Zb. HOUR
(I TPE	OR PRINTS	Mary	Ann		SF	BRING	DECEMI	BER	1 1987	1100
3. SE	X	4	RACE		5. DATE C		& AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24
F	emale		White		Augus	t 10, 1947	40	YRS	MONTHS DAYS	HOURS
- 7a Bi	RTHPLACE (STATE C	OR FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	1		9. BALTIMORE CITY O		OF DEATH	
	COUNTRY) Highla Michigan	nd Park,	USA		WIDOWE	DI NEVER MARRIED	Wicomico			
10. C	ITY OR TOWN OF D	EATH I	1. NAME OF H		G HOME C	R OTHER INSTITUTION	12a. USUAL OCCUPAT		126 KIND O	F BUSINES
) .	al delegan			H FACILITY, GIVE STREET		21 . 7	High School		E) INDUSTRY	
USU.	alisbury ALRESIDENCE THIN	JRSING HOME OR O	THER INSTITUTION.		ADMISSION)	1		reacher		
	STATE	Wicomi		Salisbury	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 509 Camden A	Venue	218	201
	yland ATHER'S NAME	MICOIL	LCO	Jailsbury		YES (X) NO []		venue	210	101
A	FIRST		DDLE	LAST		FIRST	WIDDLE		LAS	ST.
4	Andrew	Micha		Denny		Nina	Gene		Tulus	
	VAS DECEASED EVI		ED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRI	:55		
	No			220-50-94	73	Nina Denny, 804	Scarborough A	ve. Re	hoboth B	each.
	18. CAUSE OF DE	ATH (Enter only	one couse per	line for (a), (b), and	d (c1.)			01	APPROX BETWEEN	MATE INTERV
	PART I. DEATH	IMMEDIATE		luna é	ny	ellogeur a	wrema	136	et l	
				R AS A CONSEQUE	NICE OF	Cricis.				
	Conditions, if or	nv. which	(CAS A CONSEQUE	IACE OF					
	gove rise to i	mmediote) (D)							
1	couse (a), sta underlying cou		DUE TO, OF	R AS A CONSEQUE	NCE OF					
	BARTO OTHER CI	ONUE IS AN IT SO	(c)	NITRIBUTALO TO S	SEATH BUT	NOT RELATED TO THE TER	unital District on Con-	DITION	CAL IN LIDARY A	
Z	PART 2 OTHER ST	GNIFICANT	NUTIONS CC	NIKIBUTING TO L	JEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIV	EN IN PAKE III	3
CERTIFICATION	19a DATE OF OPER	PATION	TIBL CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	70h IF VES	, WERE FINDI	ACC LISED
5	DATE OF OFE	(A) O(4	170 CONDI	MOTOR WINCH	OI ZIIAI IO	V WASTERI ORMED	_ >	IN CERTIF	YING CAUSES	OF DEATH
4 2			10. 70.05	F 10.111.1837		In How willing account	YES NO		s 🗌	NO 🗌
	OR CONTRIBUTING		21b. TIME O HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	
₹ S	(IF EITHER, NOTIFY MI		P./	м.	19					
MEDICAL	21d INJURY OCCU	JRRED	21e PLACE	OF INJURY EET, FACTORY, OFFICE, F		21f. LOCATION STREET	CITY OR TO	WN.	COUNTY	STA
Σ	WHILE NOT	WHILE	(AT NOME, STR	EET, PACTORY, OFFICE, F	ARM, ETC.)	/		/		
	22a.1 certify that		il) ottended the	deceased from_	111	10 198	7 10 /2)		19 4	that (I) Iwo
1	sow therefore	Out alive on	12/	10	\$7.0r	d that in (my) our) opinion	deoth occurred on the d	ote and hou	r ond from the	couses stot
	obove, (J)/(we 22b. SIGNATURE	(did) did not)		-		DEGREE			22c DATE	SIGNED
1	Mole.	m.	Bres	Mado		A / SATTENDING	MEDICAL STA		12/	1 1
4	Acces	D- 1.	1, 0			PHYSICIAN	DIRECTOR PHYSIC	CIAN	1-/	1/0.1
1	22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)			22e ADDRESS				
	BURIAL, CREMATIO	N, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Burial		Dec. 4,	1987 En	worth	Methodist Cemete	Rehoboth Re	ach Su	COUNTY De	STA
24 F	UNERAL DIRECTOR					UD SA CA	TERECO REGISTRAR	256 REGIST	RAP STOTE	OKC .
S-	Keith Parse	-11	Lei	wes, Delawa	re	ndr	1 1901 7	15,000,000		
~ .	IVII I GIS		F.0.	noo, belawa	TC			L		

DHMH - 16 50M 1/81 (VRA 15, 4)

BP___

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.



									STATE OF MA	RYLAND				
					1	FOR STATE	(DEPARTMEN	NT OF HEALTH	ND MENTAL HYG	IENE		el colt.	9 7
7	7	2 2	7	LIM		REGISTRAR			ERTIFICATE	OF DEATH	A TREG. N	0 3 /	2	7 3
1	1 .	OZ	1	JAN -		CEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
		eq .	poge 3	h.	{TYP	Elmer	D		541841	5	DEC	EMBER 10	4,1987	930 AM
		moy	od b	11	3. SE		4. RACE	15	DATE OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
		44	0.0	101						DAY YEAR		MC	NIHS DAYS	HOURS AIN.
		000	irect ours	~ 4		male	white		Feb. 4	, 1909	78	YRS.	- DEATH	
		÷.	Sho di	12 1	/o. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	DUNIRY?	MARRIED NE	VER MARRIED	9. BALTIMORE CITY C	N COUNTY C	JF DEATH	
V		death. Page	The same) 3		Virginia /	USA		VIDOWED [DIVORCED	Wicomico			MD.
			W. P.	-D/	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL			INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
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A,		xecuted within	es co	ico		WAS DECEASED EVER IN U.S. AR		IAL SECURIT	Y NO. 17. INFO	DRMANT	ADDR			
ST., BALTIMORE, MARYLAND 2120		Se ex	Pog.	medicol 2	1	YES, NO OR UNKNOWN) (IF YES, GIV	e war or dates) 215	3-36-1	1902A A	da M. S	hield Poc	econd omoke	Stre	et Md.
ALI		ote	sicio	€/		18. CAUSE OF DEATH (Enter or	ly one couse per line for (c	o), (b), and (c	11.1				BETWEEN	MATE INTERVAL ONSET AND DEATH
-		afree	physic	event		PART I. DE ATH WAS CAUSE	D BY: E CAUSE (a) CAR	DIRC	ARR	EST				
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ō	-	of the	endie e co	, E		6 19: 7	DUE TO, OR AS A CO			- 1 8 / -			1 , /	ATS
RES	(1)	9	nov	froumatic		Canditions, if any, which gave rise to immediate	(b) ~~ (c)	CATED	IAL I	FARCTI	0 ===		gh. b	3415
8	102	+	the res	other		cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	ONSEQUENC	E OF					
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		è.	gned b	λ,	۱.,	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUT	ING TO DEA	ATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	V IN PART 1	a
8		-da	S to		Ó									
DIVISION OF VITAL RECORDS,		¥	mit.	à V	CERTIFICATION	19a DATE OF OPERATION	1%. CONDITION FOI	R WHICH OP	PERATION WAS P	ERFORMED	200 AUTOPSY?		WERE FINDIN	NGS USED OF DEATH?
2		he lo	hos	shows 7	Ē						YES NOT	YES		NO
TI		A: T	the burial-transit pe	8 sh	H	71a. ACCIDENT WAS UNDERLYING			21c. HC	W INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM IB PAR	T 1 OR PART 2)	
F.		Phy	tife of tre	ELI		OR CONTRIBUTING CAUSE OF DE		NTH DAY	1					
z		G PHYSICIAN: offending physi	Urio	Te 7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	P.M. 21s. PLACE OF INJUR		19	CATION				
S		PH	this	o d	¥		(AT HOME STREET, FACTOR			STREET	CITY OR TO)WN	COUNTY	STATE
≥		NG L	£ 84	morke		AT WORK NOT WHILE								
		9 0	A Se	E		220.1 certify that (1) (this hospi	tal) attended the decease	ed from	DEC	. /6, 19 8 7	, toDEC	15, 10	()	that (H (we) last
		ATTEN hospital	OP	2		saw the deceased alive an above, (1)(we) (did) (did no	DEC. 1	19_	and that in	(my) (our) opinian	death occurred on the d	ate and hour o	and from the	couses stated
		hosp	REC	E		226. SIGNATURE	t) view the bady after dea	rn.	DEGREE				22c. DATE	SIGNED
		e o	Toch D	=		0 00	710		M.D.	ATTENDING	MEDICAL STA	FF.	1, 1,	8/67
		by 1	FUNERAL DI	2-	1	774 PHYSICIAN'S NAME (TYPE C	TURIOR DI		27e AD		J DIRECTOR PHYSIC	IAN []	12/1	0
		HOSPI Dined k	UNER/	ST					114 AC	/	- 0		A	000
		I	J. Joh	8 /		ROBERT A	LIE		305	10 5	T. , 8000 1761	20, 17	0. 2	1851

BP_ DHMH - 16 50M 1/81 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL (SPECIFY)

23b. DATE

12/20/87

Pocomoke City, Md.

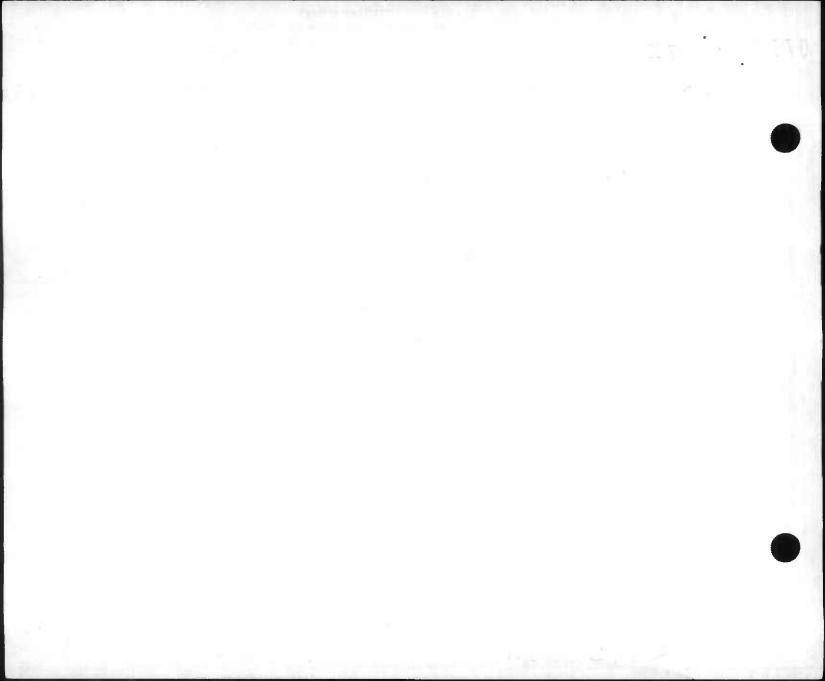
23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

COUNTY

Trinity Mem.Gds. Newark Worcester Md.

DEC 2 8 1987



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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 he retained by the haspital or, attending physicion.
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	1.	FOR STATE	DE	EPARTMENT O	TE OF MARYLAND HEALTH AND MENTAL HY	GIENE		0 0 4
501 DEC 1	0.0	REGISTRAR CEASED NAME FIRST	MIDDLE	CERT	IFICATE OF DEATH	REG. NO	MONTH DAY	YEAR 25. HOUR
ay be		OR PRINT)		CKLEY		NOVEMBE	R 28 19	
may by	3 SE		4 RACE	5. DAT	OF BIRTH	6 AGE (IN YEARS LAST BIRT		DER 1 YEAR IF UNDER 24 HRS
ector.		Female	White	MO.	24 1894	93	YRS.	DAYS HOURS MIN.
leoth. Pa		RTHPLACE (STATE OR FOREIGN COUNTRY) owellville, Mary	76 CITIZEN OF WHAT COL	MARE	IED NEVER MARRIED X	9 BALTIMORE CITY O	_	EATH MD.
1 190	S	ALISBURY	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GIVE SALISBUR)	Y NURSI	NG HOME	(TYPE OF WORK FOR MOST O Secretary		Nursery
報覧	13a. S	Maryland 13b CO	or other institution, give resident UNTY 13t. CITY C Salis		13d. INSIDE CITY LIMITS? YES NO	Rte #8 Gler	ZIP CODE Avenue	Extd 21801
102	1	John H.	Shockley	AST	Rose	MIDDLE	Ellis	
Popular Popular		VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN] (IF YES,	GIVE WAR OR DATES)	AL SECURITY NO -10-9588	IVITS	Louise Hofff 336 Mt. Her	mon Rd.,	Salisbury, Md.
phys anpopt emave			only one couse per line for (o), SED BY: IATE CAUSE (o)	(b), and ici.)	TORY AR	NEST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death ce he ottending emove carbo motion, ar r		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A COM	MOKE	:			
es that th ned by th please re virial, crem		underlying couse lost.	DUE TO, OR AS A CON	MARY	AKTEM UT NOT RELATED TO THE TER	MINAL DISEASE OR CONI	ASE DITION GIVEN IN	PART IIo
w requir	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER	RE FINDINGS USED
he la has l has l ows ows o	THE					YES NO	IN CERTIFYING YES	CAUSES OF DEATH?
CIAN: The physicio pririficate half-transit ntol Hygie em 18 sho	_	2] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		TH DAY YEA	R	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OF	R PART 2)
G PHYSI attending er this ce s the burn ond Mei	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY,		211 LOCATION STREET	CITY OR TO	NN CC	OUNTY STATE
ATTENDING aspital or att CTOR: After of for use as if it. of Heolth or m 21 is morke		220. I certify that (I) (this has	spital) attended the deceased on 1127 not) yew the body after death	1987	and that in (my) (our) opinio	to 1/28 n death occurred on the da	te and hour and	, that (II (we) last from the causes stated
ITAL OR by the hc RAL DIRE stote Dep		77h SIGNATURE	w Alala		DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STAF	F _	11/30/1987
TO HOSPITAL TO FUNERAL should be dete with the Stote IMPORTANT:		William H. R	obins, M.D. PA		Rt 50		ue,Salisbı	ury,Md. 21801
BP		BURIAL, CREMATION, REMOV. SPECIE Burial	236 DATE 11/30/1987		ion Cemetery	Whiton, W		,Maryland ***
DHMH - 16 60M 7/84 (VRA 15, 4)		JNERAL DIRECTOR Holloway Funer	al Home, P.A.,	Salisbury	, Maryland 25 DE	TE REC'D. BY REGISTRAR	156. REGISTRAR'S	SIGNATURE

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	STA	TE OF	M	ARYL	AND	
DEPARTMENT	OF	HEAL	TH	AND	MENTA	Ļ

		SIAIE	OFMARILAND							
	DEPARTM	ENT OF H	EALTH AND MENTAL HYG	IENE		-	1-0.3	400	7	
		CERTIF	ICATE OF DEATH	3	REG. NO	. 3	and the same of th	5	7	2
	MIDDLE		AST	20 DATE OF	DEATH A	HIMON	DAY	YEAR	2b. HO	UR
TH LO	DUISE	5h	ockLev	NOUG	ember	17,	19	87	04	50
4 RACE		5. DATE O	_	& AGE INY	EARS LAST BIRTH	(PAY)	MONTHS	RIYEAR	IF UNDE	ER 24 HRS
WHITE		Feb.		61		YRS	MONTHS	DAYS	HOURS	MIN
76 CITIZEN OF	WHAT COUNTRY?	8 MAPPIER	NEVER MARRIED	9 BALTIMO	RE CITY OF	COUNT	Y OF DE	ATH		
USA		WIDOWE		Wicom	ico					N
(IF NOT IN SUC	HOSPITAL, NURSINA HEACILITY, GIVE STREET A La Genera	DDRESS)	pital	120 USUAL O	OCCUPATION FOR WOST OF			KIND O DUSTRY	F BUSIN	IESS O
	GIVE RESIDENCE BEFORE	ADMISSION)		13e STREET A	ADDDECC /	717 COD	· F			
ester	Berlin	1	YES TO NO		Bay St		_	•	2181	1
			15. MOTHER'S MAIDEN NA		, Ju	CI CCC			- 101	
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(6)—										
DUE TO, O	r as a conseque	NCE OF								
	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	F OR COND	ITION G	VEN IN	PART 10	0	
Durst	A 1		gadrone.							
19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	NO [20b. IF YE IN CERT Y				ATH2
216 TIME O HOUR A.	PEINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURI	RED (ENTER NA	TURE OF INJURY	V IN ITEM 1B	PART I OR	PART 2)		
	M	19								
21e PLACE (AT HOME STI	OF INJURY REET, FACTORY OFFICE, FA	ARM ETC	211 LOCATION STREET		CITY OR TOW	VN.	CO	YTAUC		STATE
ital\ attended th	e deceased from_	19:5	3 19	to	1-17		19 8	7	that (I)	(we) le
11-16	. 73.		nd that in (mix) (our) opinion		d on the do	te and ha				,
y view the body										
1			DEGREE				1.27	C DATE	SIGNE	

other troumotie ŏ ö prior to os the buriol-tronsit permit. 8 Hen ö morked MPORTANT: If Hem 21 is should be detached with the State Dept

COL

pleos

FOR STATE REGISTRAR

I. DECEASED NAME

FEMALE

Maryland ID. CITY OR TOWN OF DEATH

Salisbury

Maryland

14 FATHER'S NAME

George

76. BIRTHPLACE ISTATE OFFOREIGN

ELIZABETH

WOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I DEATH WAS CAUSED BY

couse lost

Conditions, if ony, which gove rise to immediate couse (o), stoting the

19a DATE OF OPERATION

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

224 PHYSICIAN'S NAME (TYPE OR PRINT)

underlying

CERTIFICATION

MEDICAL

AT WORK

226. SIGNATU

Worcester

HEYES GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for to), (b), on

IMMEDIATE CAUSE (a

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO

220 1 certify that (I) (this hospital) attended the deceased from

sow the deceased of the body ofter death.

(TYPE OR PRINT)

3 SEX

BP DHMH - 16 60M 7/84 (VRA 15, 4)

0

230 BURIAL, CREMATION, REMOVAL Burial

23c NAME OF CEMETERY OR CREMATORY

NO

Evergreen Cemetery

23d LOCATION CITY OR TOWN Berlin

Worcester

MD

24 FUNERAL DIRECTOR

Kirk Burbage 108 Williams St.

236 DATE

11/20/87

Berlin,

DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

OV 2 0 1987 Auto Juridon Rondo

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

11/18/87

NOV 2 O 1987 June Spekets

Trigger I mark, Mark form mass

Total Company of the Company of the

DEC

FOR STATE REGISTRAR			DEPARTM	STATE O ENT OF HEA CERTIFIC	LTH AND	MENTAL HY	GIENE
L DECEASED NAME 2148 (A PRINT)	LUCY	KELLY	SHO	ORES			2a [
3. SEX Female		4. RACE White	/	5. DATE OF E	15°	1888	6 A
To. BIRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY?	8.	_		9 B

NAME OF HOSPITAL, NURSING RIVERWALK

Salisbur

Kelly

16b SOCIAL SECURITY NO.

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

U.S.A.

Wicomico

MIDDLE

Chance, Maryland

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTIO

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

Salisbury

Maryland

14 FATHER'S NAME

James

190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

JKES			Ped	ember	1/, 1	78/		7	A
5. DATE (OF BIRTH		6 AGE (II	V YEARS LAST BIR	THDAY)	IF UNDE	RIYEAR	IF UNDE	R 24 HRS
MONT	1 15	1888		99	YRS	MONTHS	DAYS	HOURS	MIN
8.	- C NEVER	MARRIED 🗆	9 BALTIM	ORE CITY O	R COUNT	Y OF DE	ATH		371
WIDOW		NORCED [W	ICOMI	CO				WE
	R OTHER INS	SING HO		Sifter				ical	
IDMISSION)	13d. INSIDE (CITY LIMITS?	13e.STREET	r ADDRESS /	ZIP COD	₹ 30	218	301	
		'S MAIDEN NAA	WE	MIDDLE		W	illin	τ α	

20a AUTOPSY?

NON

(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20 DATE OF DEATH

26 HOUR

VAS DECEASED EVER YES, NO OR UNKNOWN) No	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	215-22-7743	Same as #13e	gton (Daughte
18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one couse per (AS CAUSED BY:	Orterioscler	otic Cerebro vascular Disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony,	DUE TO, O	R AS A CONSEQUENCE OF		
gove rise to im- couse (a), statin underlying couse		R AS A CONSEQUENCE OF		

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL FXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN AT HOME STREET FACTORY, OFFICE, FARM, ETC) NOT WHILE 22a.1 certify that (**(this haspital) attended the deceased from 900 (max) (our) opinion death occurred on the date and hour and from the causes stated obove, ((we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED m. N ATTENDING MEDICAL STAFF

	000000	May	n	FHISICIAN L	DIRECTOR BY PHISICIAIN			1
	22d. PHYSICIAN'S NAME (TYPE OR PRINT)			22e ADDRESS				Ī
	Tuomas (Hi)	1 4.	V	Pina DI. Dr	Dad S	Michigan	M	
	(HOMAS C. 1711	NR		Time Date	coale, oc	211300009	1 / 1	C
o B	BURIAL, CREMATION, REMOVAL 236, DATE		23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION			

230 BURIAL, CREMATION, REMOVAL Burial BP

MEDICAL

12/20/1987

216. TIME OF INJURY

23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery

Deal Island, Somerset, Maryland

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO [

YES [

Marguerite Brewington (Daughter)

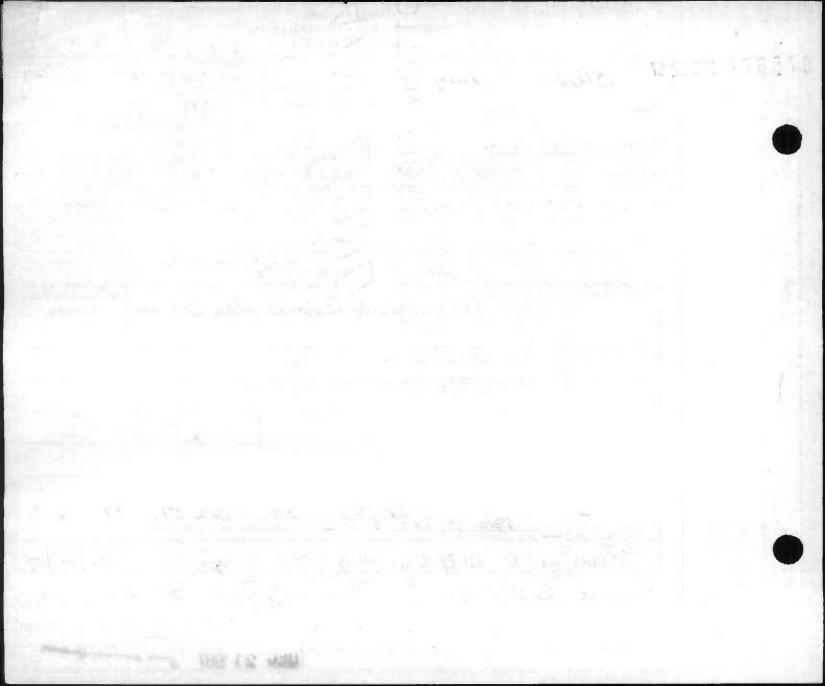
FUNERAL DIRECTOR Funeral Home, P.A., Salisbury, Maryland REGISTRAR 25b. REGISTRAR'S SIGNATURE guina journey mandatte

DHMH - 16 60M 7/84 (VRA 15, 4)

ORTANT

FUMERAL DIRECTOR:

as the burial-transit permit.



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STATE OF MARYLAND

EPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CEI	RTI	FICATE	OF	DEATH	

87	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH CERTIFICATE	AND MENTAL HYGI OF DEATH	es 7	3 7	2 1	9 3
	CEASED NAME FIRST OF LANG	da. HARRISWO	Smac	V	REG. N	MONTH DAY	YEAR 2b	HOUR 25
3 SE		RACE	5. DATE OF BIRTH	DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTH		F UNDER 24 HRS.
	IRTHPLACE ISTATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?	8. MARRIED N	ever married D	9 BALTIMORE CITY O	R COUNTY OF	DEATH	n) - Land
f	OIKS ROAD	NAME OF HOSPITAL, NURSING	ead (Center	12a. USUAL OCCUPATE ITYPE OF WORK FOR MOST OF		26 KIND OF B NOUSTRY	RED R
13a. :	AL RESIDENCE IF NURSING HOME OR OTH STATE 134 COUNTY	130CITY OR TOWN	ANNE YES		13. STREET, ADDRESS		2185	-3
1	JO HN MID	SMACK		HeNI	RIETTA MIDDLE	Brit	4iNGh	AM
	MAS DECEASED EVER IN U.S. ARME VES. NO OR UNKNOWN) (IF YES, GIVE W		4075 In	IA JONES	SMACK SMACK	ss Add, 5	vane	A5
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BIMMEDIATE C	Y: Alalia.	aut	Cachex Caucer fo	o Brain		BETWEEN ONS	TE INTERVAL SET AND DEATH
	gove rise to immediate cause (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUEN		probab	enp	ery		
NO	PART 2. OTHER SIGNIFICANT COM	ADITIONS CONTRIBUTING TO DI	<u>eath</u> but not re	ELATED TO THE TERMI	nal v isease or con	DITION GIVEN II	V PART 110	
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH (OPERATION WAS	PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	G CAUSES OF	
	2]a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH I IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	Y YEAR 19	OW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI		OCATION STREET	CITY OR TO	wn (COUNTY	STATE
	220.1 certify that (I) (this hospital) sow the deceosed alive on above, (I) (we) (did) (did nat) v	19			, ta eath occurred on the de		from the cou	
	22d. SIGNATURE LUEST 22d. PHYSICIAN'S NAME (TYPE OR PR	le INT	DE GREE	ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	F _	224. DATE SIC	7.87
	120. FITTSICIAN S NAME (TYPE OR PR	INI J	ile A	DDKE22				
230. 1	I CDCCIEVI		AME OF CEMETER	RY OR CREMATORY	23d. LOCATION	(0)	UNTY	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR
JOLLey Memorial Chapeladdress Salis, Md. NOV 10 1987 - Sinder Pa

- Divideon Pandage ;

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Asid on volve

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	7	REG.	NO.	3	
		F 4 T1 1			_

8	REG.	NO.	1	La	7	7
O DATE	OF DEATH	MONTH	DAY	YEAR	26 HOL)R
DE	CEMB	DR 1	7,19	37	19:	50
AGE (IN YEARS LAST I	HRTHDAY)	IF UND	ERIYEAR	IF UNDER	24 HR
	106	· VDC	MONTHS	DAYS	HOURS !	M IP

4 RACE 5. DATE OF BIRTH MONTH 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN COUNTRY

MARRIED NEVER MARRIED WIDOWED [DIVORCED

9 BALTIMORE CITY OR COUNTY OF DEATH

Wicomico 17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

17b. KIND OF BUSINESS OR INDUSTRY

Peninsula General Hospital Salisbury USUAL RESIDENCE (IF NURS NO HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13c CITY OR TOWN

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

MIDDLE

134 INSIDE CITY LIMITS? NO A 15. MOTHER'S MAIDEN NAME

VF AP

OhIL

A FATHER'S NAME

FOR

In WAS DECEASED EVER

16b. SOCIAL SECURITY NO

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

> IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF of amoura

DUE TO, OR AS A CONSEQUENCE OF The colon

primme PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

19a DATE OF OPERATION

21b. TIME OF INJURY

NO

20e AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 714. INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION

CITY OF TOWN

STAFF

STATE

____, that (we) last

220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an abave (1) (we) (did (did not) view the bady after death.

230 BURIAL CREMATION.

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

231 NAME OF CEMETERY OR CREMATORY

23b. DATE

22e ADDRESS

CALROLL JILL

2 . and that in (my) our) apinion death occurred on the date and haur and from the causes stated

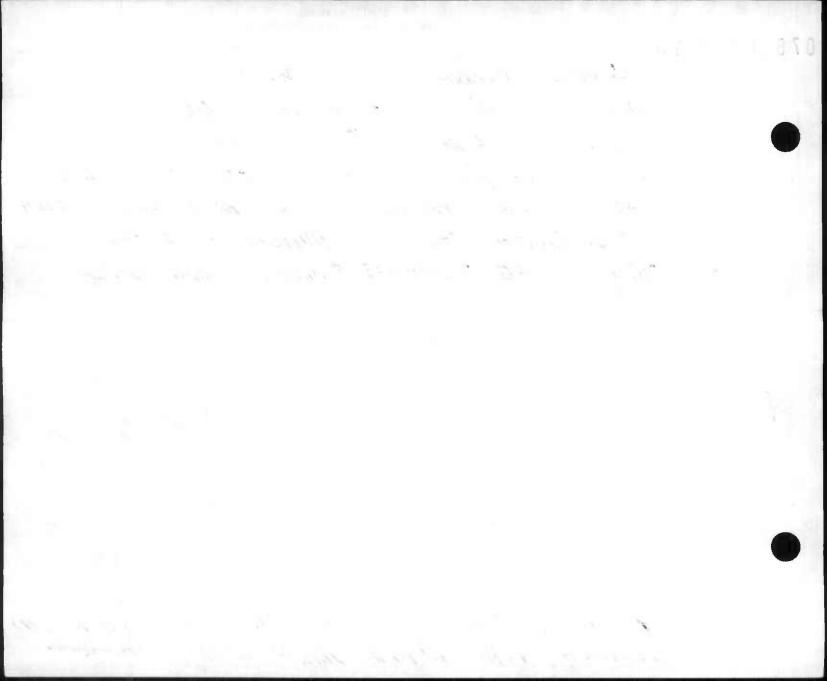
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DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

REGISTRAR 256 REGISTRAR'S SIGNATURE



7339	O NOV 3	018	FOR STATE REGISTRAR			DEPARTM	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HY CICATE OF DEATH	GIENE	REG. NO	3 7	3	0 0
eq /	poge 3 er death	1. DE	OR PRINT) MACK	FIRST		MIDDLE	Sn	ith	No V	EMBE	MONTH DAY	1981	26. HOUR
ge 4 ma)	ector po	3. SE:	MALE		WHITE	=	Jan	uary ^{DAY} 8, 1907	80	N YEARS LAST BIRT	YRS		HOURS MIN.
O + K	The state of the s		RTHPLACE (STATE ORF	OREIGN	USA	WHAT COUNTRY?	WIDOW		,	ORE CITY OF	COUNTY OF	DEATH	MD.
5 M	The state of the s		ITY OR TOWN OF DEA Lisbury	TH	(IF NOT IN SU	HOSPITAL, NURSIN ICH FACILITY, GIVE STREET Sula Gener	ADDRESS)	ospital		OCCUPATION OF FOR MOST OF	WORKING LIFE)	kind o ndustry Farm	ina_
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certilicate required within 24 hours or attending physician.	filled in ould be	13a S	al residence (IF NURSI STATE laryland	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Berlin	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREE Rt.	T ADDRESS /		Berl	1218MD
MARYL ed withi	and 2 sl	1	ather's Name lack		WIDDLE	Smith		15. MOTHER'S MAIDEN N	AME	MIDDLE		JOnes	
TIMORE	7		vas deceased ever yes, no or unknown) NO		MED FORCES?	215 26		William D.	Smith	P. ÔBei	Box, 346	2	18]]
ST., BAL			18 CAUSE OF DEATI PART I. DEATH W	AS CAUSE	nly one couse pe ED BY TE CAUSE (a)		10 de	cular Aka	iden		1	MIWEENS	COLD THE STATE OF A THE
death ce	attending ave carb fran, ar r aumatic		Conditions, if any,		DUE TO, C	OR AS A GONSEOUE	NCE OF	Uosís_				(1)	as
on W. PR	ed by the ottending blease remove carb rial, crematian, ar i ar ather traumatic		gove rise to imm cause (a), statin underlying cause	g the	DUE TO, C	DR AS A CONSEQUE	NCE OF					V	
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AL RECC The law	rate has been ransit permit 1 Hygiene priar 18 shaws any in	CERTIFICATION	19a DATE OF OPERAT				OPERATIO	N WAS PERFORMED	YES [206 IF YES, WE IN CERTIFYING	G CAUSES	
SION OF VIT	ringlet entrol	MEDICAL CE	21g ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DE	ATH HOUR A	P.M.	AY YEAR	21c HOW INJURY OCCU	JRRED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
DIVISION ING PHY	After this ie as the bu alth and M marked ar	MED	214 INJURY OCCURE	HE		TREET FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET		CITY OR TOV	NN .	COUNTY	STATE
ATTENDI Spital or	CTOR A d for use af Heal		27a I certify that (1) when the decease above (1) (we) (4)	,	1 1 -	11	81.	nd that in (ny)(our) opinio	n death accu	rred on the do	te and hour and		
TAL OR by the ho	detacher detacher tate Dept		27h SIGNATURE	(Ne	will) (ATTENDING PHYSICIAN	MEDICA	AL STAF OR PHYSIC		DATE	SIGNED 7
O HOSPI etained b	should be de with the State		Dr. Roge			ID .		102 Power	Street	Salisl	oury, N	ID	21801

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR W. Kirk Burbage 108 Williams St. Berlin, MD (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL SPECIFY) Burial

11/27/87

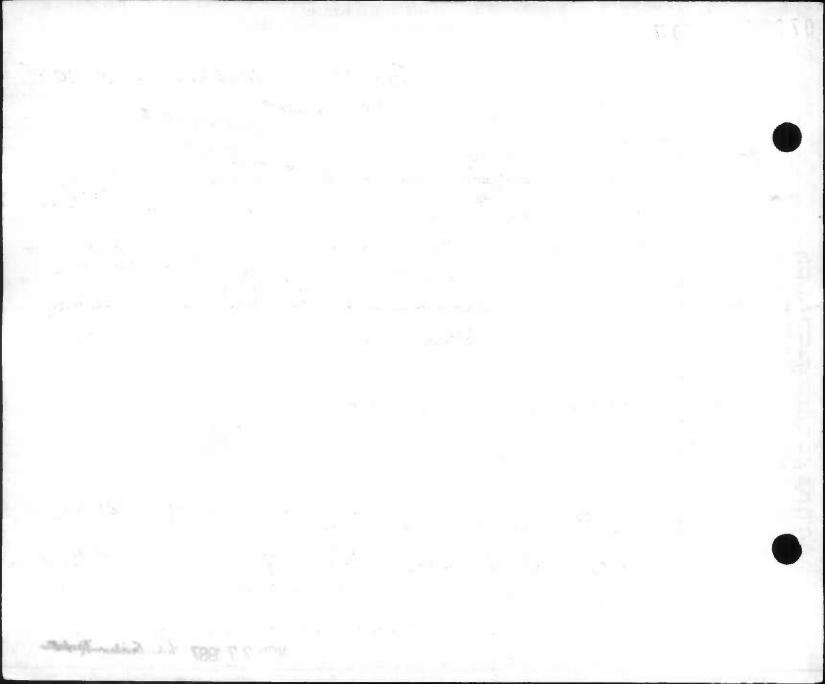
231. NAME OF CEMETERY OR CREMATORY

23d LOCATION

Evergreen Cemetery Berlin Worcester Maryland

1250 DATE REC'D. BY REGISTRAR 229 REGISTRAR'S SIGNATURE

NOV 2 7 1987



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DEGEASED NAME KNOWN OF ESTI-Smith, Jr. Olon RECTOR. R FILES. HOURS STREET, S. 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 24 HOUR 2:30 PRONOUNCED 1987 13 1941 Male White 04 46 DEAD 10 . M 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. Wicomico County, DIVORCED X WIDOWED _ O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS E-3 Arthur Court, Apt. 570 Disabled Never Worked Salisbury SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 1136. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS E-3 Apt.570 Maryland Wicomico Salisbury YES [X] Arthur Court NO [] FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 01ons Smith, Sr. Mary C. Webster 16b SOCIAL SECURITY NO. 7. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? P.O. Box 415 (IF YES, GIVE WAR OR DATES) 215-38-1991 Yes Navv 1962-63 Phillip D. Smith Accomac, Va. 23301 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM IS PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNCATE A BUSING. TO FUNEAR DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT AFIRE DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BATTIMORE, MARYLAND, 21201 PRICATE OBURIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (a) Gunshot Wound of Head (Handgun) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? MAUTORSY? (Head Only YES XX NOL 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY est. 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING XXOR
CONTRIBUTING CAUSE OF DEATH 11-27 19 87 subject shot himself 21e PLACE OF INJURY (AT HOME 21F LOCATION 21d IN JURY OCCURRED STREET, FACTORY, FARM, ETC.) E-3 Arthur Ct., Apt. 570, Salisbury, Wicomico Co. WHILE NOT WHILE XX Home (Head Only) MO. Autopsy XX Inspection 220 I certify that I taak charge of the remains described above, held an and in my apinian X death resulted fram: A Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 11-29-87 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 12-1-1987 SALISBURY Wicomico MD Parsons Cemetery 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** "BAKER AND BOUNDS SALTSBURY, MARYLAND lia Scorder Pandaces (VR A15 ME (5))

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THE OR 1987 A. John P. Lee-

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STITE DATE OF DATE OF BITH INDUSTRY INDUSTRY		REGISTRAR		CERTI	FICATE OF DEATH	REG. N	o. i /	5 U
THE NAME OF THE STATE OF THE ST			WIDDLE		LAST	20 DATE OF DEATH	AGE (IN YEARS LAST BIRTHDAY) AND COUNTY OF DEA WI COMICO TO USUAL OCCUPATION TYPE OF WORKING LIFE) TO BE TO WORK FOR MOST OF WORKING LIFE) INDL ADDRESS MITH Elliott Md ADDRESS MITH Elliott Md ADDRESS MITH Elliott Md BE TO BE	EAR 26 HOUR
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MD. U.S.A. WIDOWED DATACOLOR DO JONG CO JONG COLOR OF C		IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	VTRY? 8.	EN ENGINEED ALABBIED	9 BALTIMORE CITY	OR COUNTY OF DEA	TH
ISBURY INDUSTRY			U.S.A.	1111		Wicom	ico	
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HER'S NAME FERDIT MODIE MAISEI 15 MOTHER'S MAIDEN NAME FIRST WINDOW ADDRESS 215 - 01 - 223 James E. Smith Elliott Md. 21869 18 CAUSE OF DEATH LEnter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CAUSE OF DEATH HE STIME, NOTEY MODICA EXAMINES) 197. HOW A.M. MONTH DAY YEAR 197. LEATHY HAD (I) (this hospital) oftended, the deceased from SIGNED MODIE 210. LEATHY HAD (I) (this hospital) oftended, the deceased from SIGNED MODIE 210. LEATHY HAD (I) (this hospital) oftended, the deceased from SIGNED MODIE 210. LEATHY HAD (I) (this hospital) oftended, the deceased from SIGNED MODIE 210. LEATHY HAD (I) (this hospital) oftended, the deceased from SIGNED MODIE 210. LEATHY HAD (I) (this hospital) oftended, the deceased from SIGNED MODIE 210. ACCIDENT WAS UNDERLYING 211. LOCATION SIGNED 212. LEATHY HAD (I) (this hospital) oftended, the deceased from SIGNED 213. ACCIDENT WAS UNDERLYING 214. HOURY A.M. MONTH DAY 197. LOCATION SIGNED 215. THE CAUSE OF DATH HOUR A.M. MONTH DAY 198. THE THIS TOWN SIGNED 216. THE STIME OF INJURY HOUR A.M. MONTH DAY 198. THE STIME OF INJURY HOUR A.M. MONTH DAY 199. LATE OF INJURY HOUR A.M. MONTH DAY 190. LATE OF INJURY HOUR A.M. MONTH DAY 190. LOCATION SIGNED 210. LATE OF INJURY HOUR A.M. MONTH SIGNED 211. LOCATION SIGNED 212. LATE OF INJURY HOUR A.M. MONTH SIGNED 213. LOCATION SIGNED 214. DAY 215. THE STIME OF INJURY HOUR A.M. MONTH SIGNED 199. LATE OF INJURY HOUR A.M. MONTH SI		-	0-73-		or annual P			215
AS DECEASED EVER IN U.S. ARMED FORCES? NO UNKNOWN AS DECEASED EVER IN U.S. ARMED FORCES? NO UNKNOWN (# YES, GIVE WAS OR DATES) 215-01-223 James E. Smith Elliott Md. 21869 18 CAUSE OF DEATH (Enter only one cause per line for Io), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 1996 DATE OF OPERATION 1996 CONDITION FOR WHICH OPERATION WAS PERFORMED 2106 ACCIDENT WAS UNDERLYING 211b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR 1107 EITHER NOTES MERCE EXAMINES) 211c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211d. INJURY OCCURRED 211d. INJURY OC	-	D. Wice	omico Salis	soury			JIVIC AVE.	< 10
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216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY YES NO YES YES NO YES YES NO YES YES NO YES YES NO YES NO YES YES	NO	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	G TO DEATH BU	T NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PA	RT lia
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE AT WORK AM AMONTH DAY YEAR AT WORK AT WOR	TIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W	VHICH OPERATION	ON WAS PERFORMED		IN CERTIFYING CA	AUSES OF DEATH
WHILE AT WORK IN THE		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR PA	IRT 2)
saw the deceased olive on 7472 1987, and that in (my) (our) opinion death occurred an the date and hour and from the causes state above, (1) (we) (did) (did not) view the bady after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/1/8	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OFFICE, FARM, ETC.)		CITY OR TO)WN COUN	aty STA
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	MEDICAL CERTIFICATION	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA HE EITHER, NOTHY MEDICAL EXAMINES 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a.l certify that (1) (this hospi saw the deceased olive on above, (1) (we) (did) (did no 27b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY IAT HOME. STREET, FACTORY, of tal) oftended the deceased for th	H DAY YEAR 19 DEFICE, FARM, EIC)	21t. HOW INJURY OCCUR 21t. LOCATION STREET 21t. LOC	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred an the d	20b. IF YES, WERE FIN CERTIFYING CA YES URY IN ITEM 18 PART 1 OR PA DWN COUN The country in the	FINDINGS AUSES OF E NO ART 2)
		William H.	Robbins M.D.		Rt. 50 & Ci	vic Ave. Sa	1. Md. 218	301

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detoched for use as the bunol-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burial, creamMPORTANT, If Hem 21 is morked or Hem? B shaw only injury, ar other

(VRA 15, 4)

STATE

Granite Pres. Churchyard Granite, Md.

236. DATE REC'D. BY REGISTRAR' 256. REGISTRAR'S SIGNATURE

DRESS

DEC 18 1987 230 BURIAL, CREMATION, REMOVAL (SPECIFY)
burial 12/17/87 24 FUNERAL DIRECTOR

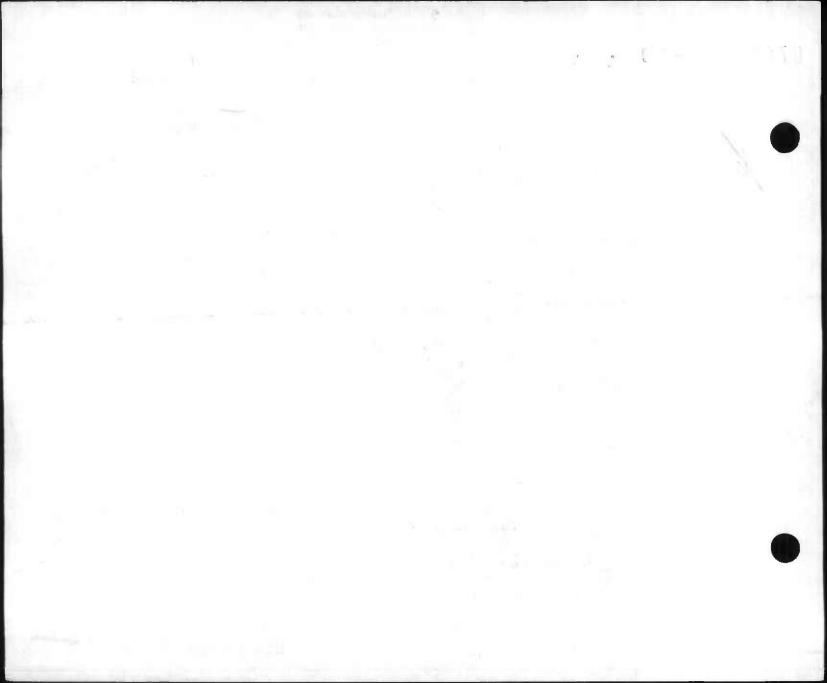
THOMAS FUNERAL HOME CAMBRIDGE MD

23b. DATE

ATTION

(7	6	9	
				er death. Page 4 may	6
	TIMOPE MAPYIAND 21201			inficate be executed within 24 hours ofter death. Page 4 may be	K
	VISION OF VITAL BECORDS 301 W PRESTON ST. RALTIMORE MARYLAND 31301		(of the death cen	d
	DIVISION OF VITAL BECOR			TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires	retained by the haspital ar attending physician.
				TO HOSPITAL OR ATTI	retained by the hospit

		item 6 Film				OF MARYLAND		PALE			
	1.	STATE Per fun: REGISTRAR	eral hom	e DEPART		EALTH AND MENT ICATE OF DEAT		(1) "/	F.	7 3	0 3
6939 JAN-		CLASED NAME FIRS	Ť	MEDDLE	L	AST		20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
may be page 3 er death	(TYP	OR PRINT)	ILIUS A	NTHONY	SP	ENCER		DEC	EMBER	14, 1987	724 M
moy pog ter de	3. SE		4 RACE		5. DATE C		EAR	AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS
rector urs al		MACE	CAL		5	8 1	9	69 68	YRS		
death. Page unergol direct hin 72 hours		RTHPLACE (STATE OR FOREIGN	10.37	WHAT COUNTRY?	8. MARRIE	NEVER MARRI	IED X	BALTIMORE CITY O	R COUNTY C	OF DEATH	
tring de		elaware	USA	HOSPITAL NUPSI	WIDOWE		ED 🗌	Wicomico 12a USUALOCCUPATR	ON	12h KIND OF	MD. BUSINESS OR
hours ofter death. Page 4 ma in by the funeral director, p be filed within 72-hours after the	S	alisbury	Peninsu	the facility, give street la Genera	ADDRESS)			Electrician		Railr	oad
filled in broaded be fill	13a.		ME OR OTHER INSTITUTION COUNTY Orcester	13c. CITY OR TOV	E ADMISSION) /N	134. INSIDE CITY LIV	MITS?	Rt. 2, Bo	ox 519		1, MD 811
		THER'S NAME				15. MOTHER'S MAIL		E			
3 80 80	1	William F. Sp	encer	LAST		Cora		MIDDLE			rice
n and comp	16a. \	VAS DECEASED EVER IN U.S	S. ARMED FORCES? ES, GIVE WAR OR DATES)	714 18		William	J. S _l	pencer ADDRE	sLake Berlin		
sore by Sicio		18. CAUSE OF DEATH (Ent	ter only one couse pe	r line for (a), (b), ar	id (c1.)	1 +				APPROXIM BETWEEN ON	ATE INTERVAL NSET AND DEATH
phone remo			EDIATE CAUSE (o)	Resper	cetery	anu				-	
n. or matic				R ASTA CONSEQU	ENCE OF	Heart	Foul	UNI			
of the from		Conditions, if any, which gave rise to immediate	te)	0	7	racing !	, 000				
5 5 5		underlying couse los		R AS A CONSEOU	ENCE OF						
equir n sig ed T Then pend to burial,	z	PART 2 OTHER SIGNIFICA		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR CON	OITION GIVE	N IN PART I to	
been mit. The prior to any in	CERTIFICATION	190 DATE OF OPERATION	19b. CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	D	20a AUTOPSY?		WERE FINDING	
has has	TER							YES NO	IN CERTIFYI	ING CAUSES C	OF DEATH?
SICIAN: The ag physician certificate hundi-tronsit pental Hygien from 18 show	E E	21a. ACCIDENT WAS UNDERLYIN	110110 4		AY YEAR	21c HOW INJURY	OCCURR	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T OR PART 2)	
YSICIA ding ph s certifi burial-t Mental	18	OR CONTRIBUTING CAUSE (MINER) P	.м.	19						
G PHY offendir or this ond M ked or	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	OF INJURY TREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET		CITY OR TO	WM	COUNTY	STATE
Afr Second		220.1 certify that (I) (this	hospital) attended t	he deceased from	12	//3 19	87	. 10	F	87 , th	we) lost
spito CTOR I for of H		sow the deceased alimated above, (I) (we) (aid) (a	ve on	y ofter death.	7, or	nd that in (my) (59r)	opinion d	eath occurred on the do	ite and hour o		
TAL OR A y the hos tAL DIREC detached ote Dept. IT: If Hem		22b. SIGNATURE	. 70.	/		DEGREE ATTEN	IDING	MEDICAL STAF	·F	22c. DATE S	IGNED
- 0	ł	22d. PHYSICIAN'S NAME	kl M. (NVM M		PHYSI 22e ADDRESS	KIAN [DIRECTOR PHYSIC		141	4/87
TO HOSPITAL TO FUNERAL should be det with the Store		D. M.	WOUD A	0			HM	<u>'</u>			
	23a	BURIAL, CREMATION, REMO				emetery or crem		DOVET	KENT	r ™ Del	aware
BP	24.5	Burial UNERAL DIRECTOR	12/16	1	•	OSS Cellie	Trumparie			•	and state
DHMH - 16 50M 1/B1 (VRA 15, 4)		V. Kirk Burb		Williams S		.	UE	16 1987	25 RECISTR	ON A THE REAL PROPERTY IN	ac.
•			- Re	rlin, MD	218	II					





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, ,	4	4	0 0	- 110			CEASED NAME	FIRST		MIDDLE	/	LAST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
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		8	ō.	offer		3. SE	K		RACE		5 DATE (H DA	Y YEAR	6. AGE (IN YEARS LAST E		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		age	recto	513		L	Male			ite	Jun	e 15,	1911	76	YRS.		
		ية ا	- Po	2 ho	27		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8. MARRIE	D NEV	ER MARRIED	9. BALTIMORE CITY	OR COUNTY C	F DEATH	
		dept	uner	hin 7	:27	10.0	Maryland TY OR TOWN OF DEA	711	Us		WIDOWI		DIVORCED [Wicomico	TION	L101 1/10 10 0	MD.
		fter	a e	P .	200			IH.	(# NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET	ADDRESS)	OK OTHER	INSTITUTION	(TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	F BUSINESS OR
201		2.5	d b	1	80 <u>U</u>	Sa	lisbury			la Genera		spita	L	Maintanc	e	GOLI	Course
MARYLAND 2120		24 70	10	1	2	13a. S	aryland	136 COUN	ester	Girdlet	'N	13d. INSIE	DE CITY LIMITS?	Rt 1 - Bo		2182	0
TA		V	4	ğ.,			THER'S NAME	MOTO	PEDUET	Girarec	Tee		IER'S MAIDEN NA		X)1 /	LIUL	7
AAR		P	d.	pu /	\$30		George	٨	AIDDLE	Taylor			Daisev	WIDDLE	Brad	ford.	Т
		cute	Con	2	0		VAS DECEASED EVER			16b. SOCIAL SECU	RITY NO.	17. INFO		ADD		rora	
WO		×	bug	Poges	2 J	- (res, no or unknown) No	(IF YES, GIVE	WAR OR DATES)	220 09 1	272	Hel	en Tavlo	r, Girdlet	ree. Ma	rvland	
BALTIMORE		ite b	SICIO	ol.	‡		18 CAUSE OF DEAT	H (Enter onl	y one cause pe			1	.011 2 00,7 2 0	27 02200	200, 110	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
ST. B	2	certifica	d y	n pa	event,		PART I. DEATH W		BY: E CAUSE (o)	RESPIRA	4702	T A.	RREST				
NO		h ce	pulpu	or re						R AS A CONSEQUE	ENCE OF						
PRESTON		deoth	offer	ove o	roumotic		Conditions, if ony,		(b)_	BRAIN T	VMOR	- PR	OBABLY	METASTA.	ric	ļ	
9		the	÷ e	remo	her t		gave rise to imm cause (a), statin underlying cause	g the	DUE TO, C	R AS A CONSEQUE	ENCE OF						
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REC		1	1	10	05	IFIC								YES T NOT	IN CERTIFYI	NG CAUSES	OF DEATH?
/ITA		7	/sicie	Hygie	8 -	CERTIFICATION	71a. ACCIDENT WAS UND	DERLYING [21b. TIME			21c HOV	W INJURY OCCUR	RED (ENTER NATURE OF IN		<u> </u>	
OF.		CIA	g physical	Bee	Hem 7		OR CONTRIBUTING (IN .	i.m. month di p.m.	AY YEAR 19						
NO.	5	HYSI	oding so sid	N N	ō	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		211. LOC	ATION	CITY OR	IOWN	COUNTY	STATE
DIVISION OF VITAL RECORDS.		GP	otter t	s the	morked	Σ	WHILE NOT WH	HILE	(ATHOME, S	TREET, FACTORY, OFFICE, F	ARM, ETC.)	,	(REE)	CITTOR		2001111	31276
۵	1	2	5 ×	5 0	S mo		220 I certify that				2	NOV					that (1) (m) last
		ATTEND	Spirto	~ 0	2		sow the decease above, (1) (we) (c	d olive on .		<u>NOV, 13</u> 19 <u>8</u> y after death.	, 0	nd that in ((ny) (aur) opinian	deoth accurred on the	date and hour o	and from the	causes stated
		OR	e ho	Chec	# Hea		22b. SIGNATURE		3			DEGREE	ATTENDING _	MEDICAL ST	AFF	22c DATE	SIGNED
		IAI	RAL RAL				Rote	Ja	lle			7. A.	PHYSICIAN	DIRECTOR PHYS	ICIAN 🗌	11/13	18 7
		OSPI	PA PA	d be	MPORTANT		22d. PHYSICIAN'S NA	- ,				22e. ADI	,	- 0			
		O	etoin TO F	shoul	N N		ROBER	TF	LIE	12-	Jame	305	10-5	T., POCOI	LOKE,	70.2	1851

DHMH - 16 50M 1/BI (VRA 15, 4)

(SPECIFY)
Burial
24 FUNERAL DIRECTOR Norman F. Dennis, Snow Hill, Maryland

23a BURIAL, CREMATION, REMOVAL

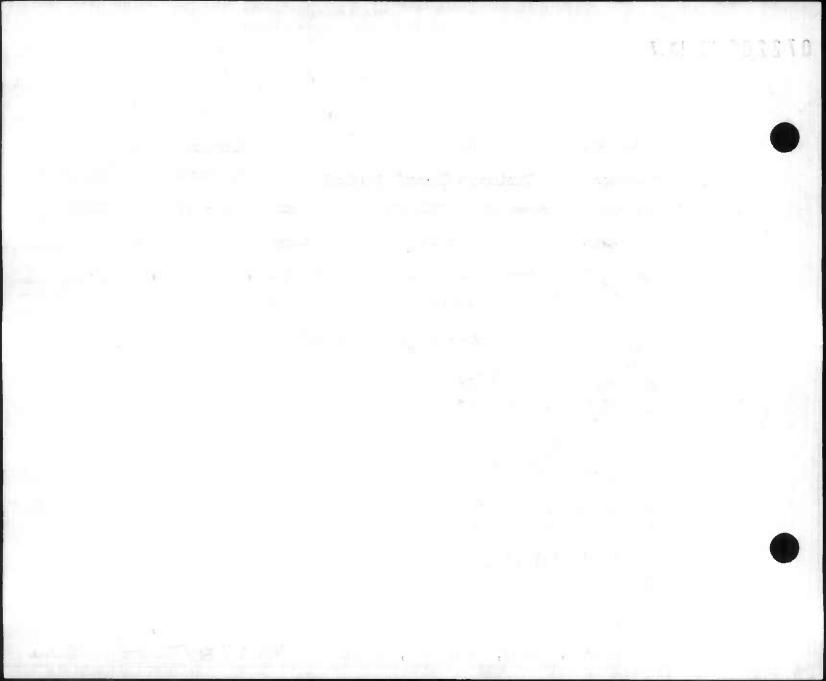
11/16/87

23c NAME OF CEMETERY OR CREMATORY

Spence Baptist

23d LOCATION CITY OF TOWN

Snow Hill, Maryland
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE Julia Devideon Randallo



death certificate be executed within 24 hours after

STATE	OF	MARYL	AN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

14	FOR		DEPART	MENT OF H	EALTH AND MENTAL HY	GIENE		100	
3	STATE			CERTIF	ICATE OF DEATH	REG. N	10.	7	300
1 D	PECEASED NAME FIRST		MIDDLE		LAST	2a. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
	Bla	unho.	M		Taylor		12 2	7 87	445 AM
3. S		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BE		UNDER I YEAR	
	Female	416	ite	MONT	R6 01	86	YRS	INTHS DAYS	HOURS MIN,
70	BIRTHPLACE I STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY	B.	_	9 BALTIMORE CITY		F DEATH	1
1	Maryland.	USA	^	WIDOWE	D NEVER MARRIED DED NO DIVORCED	Wicomi	CO		MD.
10	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME O	OR OTHER INSTITUTION	12ª USUAL OCCUPAT	ION		OF BUSINESS OR
0	Salisbury		CHEACILITY, GIVE STREET		Home	owner Gro		industry Store	
J/S	UAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)				1010	3/3/1/2
T2		omack	Hornto		13d INSIDE CITY LIMITS?	P. O. Bo		49	23395
	FATHER'S NAME	Omack	THOTHEC	JWII	15. MOTHER'S MAIDEN NA		X 120	-	20220
1	Rome	N.	Little	ton	Sallie	MIDDLE	1	Ronne	ville
	WAS DECEASED EVER IN U.S. ARMED FORCES?		16b SOCIAL SECURITY NO.		17 INFORMANT	ADDR	ECC		
	(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		230-48	16h SOCIAL SECURITY NO. 17 INFORMANT P. O. BO 230-48-1584 Herbert Taylor Horntown				x 216	
					F MCIDCIC I	dy for Hor	ncown	Va.	23395 KIMATE INTERVAL LONSET AND DEATH
	PART I. DEATH WAS CAUS	SED BY:	C1980	/	b. , An	nost		BETWEEN	ONSET AND DEATH
	IMMEDI	ATE CAUSE (o)	0,000	6110	cesp 17 11	1/03/		-	
	C 15 15 111	DUE TO, C	R AS A CONSECT	ENCROF	113,				
	Conditions, if ony, which gove rise to immediate	(b)	00	7				+	
	cause (a), storing the underlying couse last								
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II							LINI DADT 1	
		CONDITIONS	ONTRIDOTINO TO	DEATH	NOT KEEPIED TO THE TERM	WINAL DISLASE OR COL	IDITION GIVE	4 (14 F AK) 1	0
- ₹	198 DATE OF OPERATION 196 CONDITION FO			FOR WHICH OPERATION WAS PERFORMED		20a AUTOPSY?	20b IF YES,	WERE FINDI	NGS USED
MEDICAL CERTIFICATION					YES T NOT	ING CAUSES OF DEATH?			
	210 ACCIDENT WAS UNDERLYING	21b. TIME C			21c. HOW INJURY OCCUR		JRY IN ITEM IB PAR	T I OR PART 2)	0
		EAIH		AY YEAR					
	(IF EITHER NOTIFY MEDICAL EXAMIN		.M. OF INJURY	19	21f LOCATION				
	MHILE NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE.	FARM, ETC }	STREET	CITY OR TO	OWN	COUNTY	STATE
	220.1 certify that (I) (this hospital) greended they decoused from 41 17 17 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10								
	sow the deceosed olive on above, (I) (we) (did) (did not) view the body after death.								
	abave, (I) (we) (did) (did	not) view the body	after death.		DEGREE				SIGNED
	7-	/			AND ATTENDING PHYSICIAN	MEDICAL STA	FF CLAN C	10	-1-727
1	/ / /	(M. Physic)	2	~	PHYSICIAN 222 ADDRESS	DIRECTOR PHYSI	CIAN	12	-11
-	224 PHYSICIAN SNAME								*
-	22d. PHYSICIAD STAME (11)	he:			13B	211 +	B	0_0	7/17
	110	thes	- 100	NAME OF	3 B	eys+	B	erl	us 1/ 87
230	BURIAL, CREMATION, REMOVA	thes AL 23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	B	COUNTY	1 87 STATE
L	BURIAL, CREMATION, REMOVA	thes			ng's Cemete	CITY OF TOWN		ccoma	

DHMH - 16 60M 7/84 (VRA 15, 4)

10 FUNERAL DIRECTOR. After this certificate has been righed should be detached for use as the build manual perma. Then playing be detached for use as the build manual perma. Then playing the State Dept. of Health and Mental Hygiene prior to burn

MPDRTANT: If frem 21 is morked or the

O HOSPITAL OR ATTENDING PHYSIC LAND THE eroined by the hospital or attending the reference

A STANKE TO A STAN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 072206 NOV 18 87 TE REG. NO L DECEASED NAME (TYPE OR PRINT) DEATH MATED 121987 0806 Tuther Taylor Η. DATE OF BIRTH 2d HOUR IF UNDER 24 HRS DATE YEAR PRONOUNCED 26 21 121087 0806 10 66 Male White DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF MARRIED X NEVER MARRIED FOREIGN COUNTRY! Maryland USA Wicomico WIDOWED [DIVORCED CITY OR TOWN OF DEATH USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Peninsula General Salisbury Hospital Supervisor Poultry SUAL RESIDENCE (IF IN NURSING 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Worcester Stockton Bay Rd. 21864 YES X NO 🗌 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE E. Hitch Taylor Mary Charles 166 SOCIAL SECURITY NO 7 INFORMANT ADDRESS. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 217 42 7466 Eva R. Taylor. Stockton, Maryland No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Heart Disease vears DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g Diabetes Mellitus 19g DATE OF OPERATION 194 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURLAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WRD PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFIER DEATH, WITH THE STATE DEP. PRIVENTED BALTIMORE, MARYLAND, 21201 PRICE TO BURDA YES NO X 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE Inspection X 22a. I certily that I took charge of the remains described above, held on and in my apinian Autapsy X Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) 11-12-87 ACTUAL Depu ty DATE SIGNATURE EXAMINER'S NAME John ADDRESS Salisbury, Maryland Bulkeley. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION Burial 11/15/87 Bates Methodist Snow Hill. Marvland 07/84 24 FUNERAL DIRECTOR **DHMH - 17** Snow Hill, Maryland Norman F. Dennis. (VR A15 ME (5))

Telegraph of the state of the s

HARRY SERVICE PROPERTY AND AND ADDRESS OF THE PARTY.

and the manual

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 072530 NOV 20 8 ATE GISTRAR DECEASED NAME KNOWN (X) (TYPE OR PRINT) OF Margaret Trader DEATH MATED 0330 198 6 AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 04 83 YRS Female Black 15 87 0330 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED X DIVORCED Wicomico NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Salisbury Peninsula General Hospital 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 11564RY YES X 14. FATHER'S NAME MIDDLE MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Heart Disease vears IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO A PARTMENT C YES [] 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE AT WORK COUNTY STATE Inspection 💥 22a. I certify that I took charge of the remains described above, held on Inquiry X Autopsy and in my opinion death resulted from: Notural causes Homicide Undetermined monner TITLE (SPECIFY) FUNERAL DE DE STATE ACTUAL 11-15-87 Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Bulkelev. ohn Salisbury. Maryland TYPE OR PRINT) 0 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Md 07/84 **DHMH - 17** (VR A15 ME (5))

072830 11.0.0

Not till to

STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR		DEPA		HEALTH AND MENTAL HYG	SIENE	7 7 0 9
4 NOV	308	ASED NAME FIRST WILL	AM	SCHULT	rz 7	TYLER VLER	20 DATE OF DEATH MONTH I	P. 1987 0330M
rs ofter de	3 SE	Male	4. RACE White		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
135	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF	WHAT COUNT	DVO I	D NEVER MARRIED	BALTIMORE CITY OR COUNTY WICOMICO	OF DEATH MD
80	\$a	ty or town of death lisbury	Pehinsu	ila Gene	ral Hos	or other institution spital	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE Waterman	126. KIND OF BUSINESS OR INDUSTRY Seafood
38	130.S	AL RESIDENCE (IF NURSING HOME STATE DAY CO Son	or other institution UNITY	GIVE RESIDENCE B	IOWN	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CODE RR 1 - Box 67 /	21824
190)	Andrew	MIDDLE S.	Tyle		15. MOTHER'S MAIDEN NA FIRST Manie	WIDDIE	Evans
2 dical		VAS DECEASED EVER IN U.S., 1985, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL S 217-12	ECURITY NO.	17. INFORMANT Eloise W. Ty	ADDRESS Fler - same as 13	abcde
signed by the affending physics Then pleose remove carbonpapes to buriol, cremation, or removal. njury, ar other fraumotic event, th		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.	SED BY: IATE CAUSE (0) DUE TO, C (b) DUE TO, C	DR AS A CONSE	COUENCE OF	n eso thelion		BETWEEN ONSET AND DEATH
nsit permit.	CAL CERTIFICATION	PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 11-3-8-7 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	196 COND	DITION FOR WH	HICH OPERATIO	DN WAS PERFORMED 21c. HOW INJURY OCCUR		, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \(\text{\text{T}}\)
Health and Mental Hy	MEDICAL	71d INJURY OCCURRED WHILE AT WORK ALL WORK 220.1 certify that (1) (this ha	21e. PLACE (AT HOME, SI	OF INJURY TREET, FACTORY, OF	om K	211 LOCATION STREET	city or town	COUNTY STATE
should be detached for with the State Dept. of I IMPORTANT: If Hem 21	6	sow the deceased objection of the state of t	1/2	in	14 8 1 . 0	DEGREE ATTENDING PHYSICIAN TO THE PHYSI	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
€ 3 ≦ 		BURIAL, CREMATION, REMOV	AL 236. DATE 11/11			CEMETERY OR CREMATORY	23d LOCATION EWell - Somers	et MD STATE

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Bradshaw & Sons - Crisfield, MD (VRA 15, 4)

21817

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

NOV 1 2 1987 Milia Dividen Rudale

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At the personal of the first terms of the first ter

Block 51 an a to - 20215 . 25.00 TVB -51-515

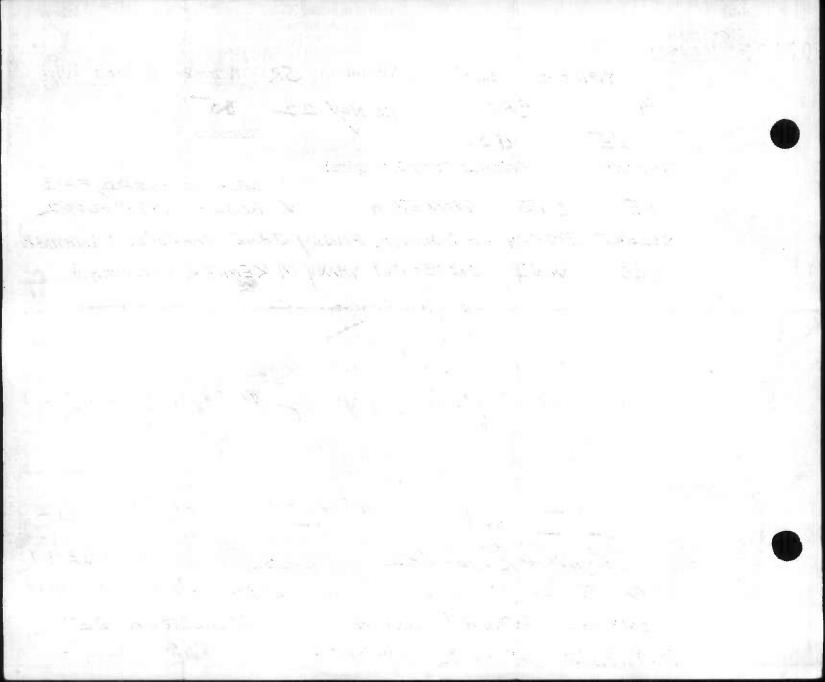
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	
	S REG. NO S / S U
LE LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
= Vanaman 3R	November 22, 1987 1915 m
5. DATE OF BIRTH MONTH 12 NOV 22	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
AT COUNTRY? MARRIED MEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH WICOMICO MD.
PITAL, NURSING HOME OR OTHER INSTITUTION ATT CERETELESSHOSPITAL	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
ERESIDENCE BEFORE ADMISSION) CITY OR TOWN CORE TOWN YES NO P	13e STREET ADDRESS / ZIP CODE / 199999
15. MOTHER'S MAIDEN NAM	ME MIDDLE LAST
NAMANSR FUNDY JA	ANE MARYEL VANAMAN
SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
22-03-7967 NANCY M	KEMPER VANAMAN
Respiratory Anst	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S A CONSEQUENCE OF	
ulman lassa.	
SACONSEQUENCE OF Cardiony.	griot
ributing to DEATH BUT NOT RELATED TO THE TERM	Henricula Vach condition
N FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WEIGFINDINGS USED IN CERTIFYING CAUSES OF DEATH?

DOCEASED NAME (TYPE OR PRINT) 3 SEX 4 RACE TO. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WH O. CITY OR TOWN OF DEATH NAME OF HO Salisbury Perrinsul USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIV 130. STATE 1136 COUNTY FIRST 18 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a)_ DUE TO, OR A Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CON CERTIFICATION 190 DATE OF OPERATION 196 CONDITU NOF YES [] NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) WHILE NOT WHILE 22a. | certify that (i) (this haspital) attended the deceased fram saw the deceased alive an. opinion death accurred on the date and have and fram the causes stated abave (1) (and (did) (did not) view the body/after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN CIAN'S MAME LYME GRANNIL BOX 265 23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

FOR - STATE REGISTRAR



TO FUNERAL DIRECTOR should be detached MPORTANT: If he

(VRA 15, 4)

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MI	r	ò		ME	ALT	ru	AND	MENTAL	ш٧

DEPARTME CIENE

71	- STATE REGISTRAR	DEFARIN	CERTIFICATE OF DEATH	B ZEG. NO	. 3	7 3	1 1
(TYP	CEASED NAME HARRY	γ	HOHENHOFF VUNHOHEN HOFF	DECEMB	MONTH DA	1987	26 HOUR 1129 M
3. SE	MALE	WHITE	5. DATE OF BIRTH MONTH DAY 11 18 1912	6 AGE (IN YEARS LAST BIRT	YRS.	UNDER I YEAR	IF UNDER 24 HRS
	MARYLAND	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED X NEVER MARRIED UNIDOWED DIVORCED	Wicomico	MD		
Sa	alisbury	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Peninsula Genera	al Hospital	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF RACE TR	WORKING LIFE)	INDUSTRY	AMUTAL
13a M.	ARYLAND WO	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 134, CITY OR TOWN RCESTER OCEAN	CITYYES NO NO	13e STREET ADDRESS /	ZIP CODE STAL	HWY	48/12
F	RICHARD	VON HOHEI		MIDDLE		IESTER	
	WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? 166. SOCIAL SECU WAR OR DATES) 217-05-6	S622 Same as #	en L. Burch	von Hol		War Live
	PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), one) BY: E CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	DIO PUL MONARY NCE OF FREE	RIOR MI		BETWEEN	IMATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2 OTHER SIGNIFICANT C LO P 10 190 DATE OF OPERATION)	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, \	WERE FINDIN	NGS USED
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T ORPART 2)	
MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FA	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
	sow the deceased alive on above, (we) (did) (d.d.not		ond that in () (our) opinion of	deoth occurred on the do	te and hour a		that (we) lost couses stated
	22b. SIGNATURE Denn	is & Choch	7	MEDICAL STAF DIRECTOR PHYSIC		12/6	SIGNED
	22d. PHYSICIAN'S NAME (TYPE OF		22e ADDRESS	Quincy Sts. Sc	alishury	, Md	21801

236. BURIAL, CREMATION, REMOVAL Cremation

DHMH - 16 60M 7/B4

12/03/1987

731. NAME OF CEMETERY OR CREMATORY Salisbury Crematory

Salisbury, Wicomico, Maryland

24 FUNERAL DIRECTOR Home, P. Augre Salisbury, Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

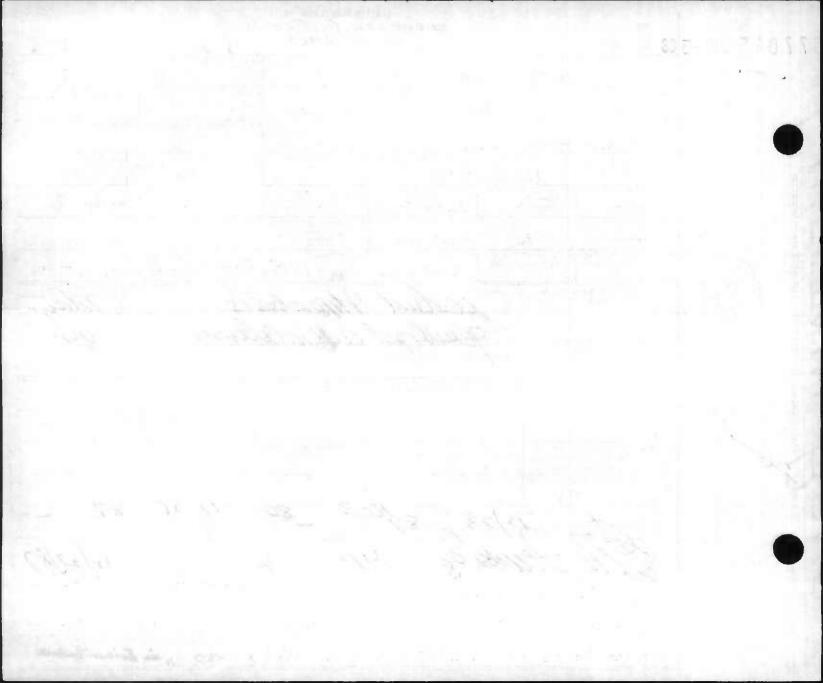
in Victori Pendall

director, page 3 nours ofter death

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	
	1.

5	B- ST RE			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	0 "	REG. NO.	3 7 3		2
	I. DECE A	SED NAME FIRST	,	MIDDLE	ſ	AST	20 DATE OF D		DAY YEAR	2b HC	UR
		SARAH	I Tr	ust	WADI	₹		12	25 8	7 1	:15 _m p
1	3 SEX		4. RACE		5. DATE C		6 AGE (IN YEAR	RS LAST BIRTHDAY)	IF UNDER 1 YE		ER 24 HRS
	F	-emale	Whit	е	01	16 1904	83	YR		3 HOURS	MIN.
1	Ta. BIRTH	PLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE	CITY OR COU	NTY OF DEATH		1 0
7		timore, Marylan	d U.S.	A.	WIDOWE		WICC	OMI CO			MD.
	SAI	OR TOWN OF DEATH LISBURY	SALISBU	TRY NURSIN	VG HOI	OR OTHER INSTITUTION	12a USUAL OC (TYPE OF WORK FO House	OR MOST OF WORKIN	12b. KIND INDUSTE	OF BUSIN	VESS OR
3	Flo		other institution. ITY rtin	130. CITY OR TOWN Jensen E		YES NO	Jade	oress / zip co Circle	ODE 3345	190	199
	6	enard	MIDDLE A.	Poehlmar	าท	15. MOTHER'S MAIDEN NAM	- '	WIDDIE	Pere	goy	
3	I 60 WAS	DECEASED EVER IN U.S. ARI	MED FORCES? E WAR OR DATES)	266-41-		Route #1 Box	G.308 P.	Wade (S Princess	Son) Anne,M		853
	Co	CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE) IMMEDIAT onditions, if any, which are rise to immediate puse (o), stating the inderlying couse lost.	DUE TO, 2	line for (a), (b), (b), (c), (c), (d), (d), (d), (d), (d), (d), (d), (d	NCE OF	Thrombo antenda	bles	5	APPR BETWE	OXIMATE INT	ERVAI ID DEATH
	O L	RT 2 OTHER SIGNIFICANT C				NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPS	20b. IF IN CE	GIVEN IN PART YES, WERE FINE RTIFYING CAUS	DINGS US	ATH?
_	210	. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURR		RE OF INJURY IN ITEM	YES	NO	
		CONTRIBUTING CAUSE OF DEA	111	M. MONTH DA	Y YEAR						
	WED 21d	HILE NOT WHILE WORK	21e. PLACE			211 LOCATION STREET	(CITY OR TOWN	COUNTY		STATE
7	215 Q	certify they(I) (this hospit saw, the dischard dive on obsect (I) (was relief) (did ad a second diversity) (did ad	vigw the bady	after death.	/	DEGREE ATTENDING PHYSICIAN 12e ADDRESS RT # 50 &		STAFF PHYSICIAN	77c DA		(we) lost stated
	23a BURI	AL, CREMATION, REMOVAL	23b. DATE		AME OF C	EMETERY OR CREMATORY	23d LOCATI		COUNTY		STATE
		remation	12/28/	1987 Sali	isbury	Crematory	Salisk	oury, Wie	comico,		land
		RAL DIRECTOR NAME NAME TOWAY Funeral	Home, F	P.A., Salisl	oury,		E REC'D. BY REG	GISTRAR 256. REC	GISTRAR'S SIGN	ATURE	addin.
					- '	AN	4-5	RJ. 10			

DHMH - 16 60M 7/84 (VRA 15, 4)



filled in by the funeral director page 3 pold be filed within 72 hours after death

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١		STATE	DEPARI	CEDILE	LEALTH AND MENTAL HTG	IENE	. 5	लबके प्रदा		
	5.5	REGISTRARDED 10 07		CERTIF	ICATE OF DEATH	REG. NO). J	1 3	1 3	
1		EASED-NAME OF TORRY	MIDDLE		AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	
1		FORD	CLAYTON		GONER, JR.	November			1435 _м	
ı	3. SEX		4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY) IF	DNTHS DAYS	IF UNDER 24 HRS	
ı	. 1	Male	White	70	17 17 1923	64	YRS			
	C	OHNTPY)	7b. CITIZEN OF WHAT COUNTRY	MARRIE MARRIE	D NEVER MARRIED		BALTIMORE CITY OR COUNTY OF			
١	Fr	anklin, West Virg	inia U.S.A.	WIDOWE		WICOMIC	WICOMICO			
Ď.	10. CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI			12a. USUAL OCCUPATH			F BUSINESS OR	
	SA	ALISBURY	Peninsula Gene	eral M	edical Center	Circulation	Mgr.	Ne	wspaper	
No.	13a. S	aryland 13b. COUN	other institution, give residence before NTY 13c, CITY OR TOV	VN	13d INSIDE CITY LIMITS?	13° STREET ADDRESS / 708 S. Kay	ZIP CODE	Drive	21801	
	14. FA	ord FIRST	Waggoner,	Sr.	Fannie	May		Ben		
	16a W	AS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 218–18–		17 INFORMANT Mrs. Same as #13	Betty M. W	äggone	r (Wife	(د	
1			v ane cause per line for (a), (b), or	nd (c).1				BETWEEN	MATE INTERVAL ONSET AND DEATH	
1			lly ane cause per line for (a), (b), or D BY: TE CAUSE (a) Liver fo	ilure						
1		IMMEDIA	DUE TO, OR AS A CONSEQU	IENICE OF						
ı		Conditions, if any, which	(b) Extensiv	e hepo	tic matastaies	from unknov	vn	one	mth.	
		gave rise to immediate cause (a), stoting the underlying cause lost	DUE TO, OR AS A CONSEQU			primary				
	NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN	V IN PART 10	a	
	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES		
	E E	218. ACCIDENT WAS UNDERLYING		AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM IS PAR	ET TOR PART 2)		
		OR CONTRIBUTING CAUSE OF DEA	310	AT TEAK						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION STREET	CITY OF TO	WN	COUNTY	STATE	
	Σ	WHILE NOT WHILE AT WORK	[AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.)	SIREE	ciri di i			31.1.2	
		220.1 certify that (I) (this hospi	tal) attended the deceased fram,		nd that in (my) (our) opinion	, tadeath accurred on the do	ate and have		that (I) (we) last	
			t) view the bady after death.		DEGREE			22c DATE		
		MRouten	Berg MO		ATTENDING PHYSICIAN [2	MEDICAL STAF DIRECTOR PHYSIC			30/1987	
		PHYSICIAN'S NAME (TYPE O			22e. ADDRESS				0.1	
		John A. Route				sion St., Sali	sbury,N	1d. 218	01	
	23a. B	URIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d. LOCATION		L'QUNIY A A	s STATES	
		Burial	11/30/1987 S	pringhi	ill Memory Gar	dens Hebron,	, Wicon	nico, M	aryland	
	24 FU	NERAL DIRECTOR	D A ADDROG	1. 1	25a. DAT	E REC'D. BY REGISTRAR			URE	
	1 F	Tolloway Funera	I H ome, P.A., So	lisbury	, Maryland	1 7 198/	June .	, হা ইপুৰ্ব্ব:	, market	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia

r use as the burial-transit permit. Then please Health and Mental Hygiene priar to burial, cr

IMPORTANT: If Item 21 is marked or

should be detached for with the State Dept. of

njury, ar other traumatic

DHMH - 16 60M 7/B4 (VRA 15, 4)

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7987

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-Walker Huev DEATH MATED 0218 4. RACE 24 HOUR DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. I IF UNDER 24 HRS. 2c. DATE MONTH LAST BIRTHDAY) PRONOUNCED 5 23 64 YRS Male Black DEAD 11 1987 0218 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A Wicomico MARLIAND DIVORCED WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFES Salisbury General Peninsula Hospital LALDERER 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Wicomico 15. MOTHER'S MAIDEN NAME MIDDLE FIRST -50,0 MARY MA WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT TYES, NO. OR UNKNOWNS (IF YES, GIVE WAR OR DATES) N. I DESTOURD 55 BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Hypertensive Cardiovascular Disease vears IMMEDIATE CALISE (a) DUE TO, OR AS A CONSEQUENCE OF OR REMO IN PENCIL IN EXAMINER Conditions, if ony, which TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL PAGE 4 SHOULD BE FORWARDED TO THE CHIFF MEDICAL EXAMINER TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRAN AFTERDEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL BALTJMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR THE gave rise to immediate couse (o) stoting the under-DUF TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Diabetes Mellitus CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES [] NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING 8 CONTRIBUTING CAUSE OF DEATH 10 71d. INJURY OCCURRED 71e PLACE OF INJURY (AT HOME, II LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.1 STREET CITY OF TOWN COUNTY STATE Inspection X 220. I certify that I taak charge of the remains described above, held an and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Depu ty 11-11-87 MEDICAL EXAMINER SIGNED EXAMINER'S NAME Bulkeley. John Salisbury, Maryland TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION FIMETERL Mel 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

Part Advanta

The state of the s

STATE OF MARYLAND

13.	FOR	DEPAR	RTMENT OF HEALTH AND MENTAL I	HYGIENE	
1 23	STATE R GISTRAR		CERTIFICATE OF DEATH	REG. NO.	3 7 3 1
	CEASED NAME FIRST	é M.	Waller	20. DATE OF DEATH MONTH	11 87 7 7
3. SE	×	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS A
F	emale	BLACK	7- 28-1895		YRS
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	BALTIMORE CITY OR CO	UNTY OF DEATH
	ARYIAND LLY OR TOWN OF DEATH	U.SA.	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS
1	Salisbury	WENOT IN SUCH FACILITY, GIVE STR	Nursing Home	(TYPE OF WORK FOR MOST OF WORK	KING LIFE) INDUSTRY
3e. 3	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEI	ORE ADMISSION)		CODE Sals Walse
	ATHER'S NAME		15. MOTHER'S MAIDEN	NAME	LI CAIRSING ZIO
	John	MIDDLE HORSEL	Ephy heir	MIDDLE	HORSEL
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
	YES NO OR UNKNOWN) (IF YES, GI	2F1-36	6330 ISSAC WA	llen 716 Olivia S	t. SAKE Mal
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA) Conditions, if only, which	ED BY: (TE CAUSE (o) DUE TO, OR AS A CONSE	rdio Resp	Annes 1-	APPROXIMATE INTERVA BETWEEN ONSET AND DE
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	QUENCE OF PAGE O DEATH BUT NOT RELATED TO THE T	FRANNAL DISEASE OR CONDITIO	N GIVEN IN PART 110
NO	PART 2 OTTER SIGNIFICANT	CONDITIONS CONTRIBUTING I	ODEAIN BOTH OF RETAILED TO THE T	ERMINAL DISEASE OR CONDINO	N GIVEN IN PART NO
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
4.5	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITI	EM 18 PART 1 OR PART ?)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (1) (this hosp	oital) attended the deceased from	n, 19	, to	, 19, that (I) (we)
	sow the deceased alive of above (1) (we) (did) (did n	n19 ot) view the body ofter death	ond that in (my) (our) apin	non death occurred on the date on	id hour and from the couses state
	22b. SIGNATURE	, ~~~	DEGREE ATTENDING PHYSICIAN		22c DATE SIGNED
7	274 PHYSICIANS NAME ITTE	Hies-	22e ADDRESS BO		erlen 2/8.
23a	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATO	RY 23d LOCATION SHIPPORTOWN SHIPPORTOWN	COUNTY
4					
74 F	UNERAL DIRECTOR	11/16/87	ENEEN ANCES		EGISTRAR'S CIGNATURE

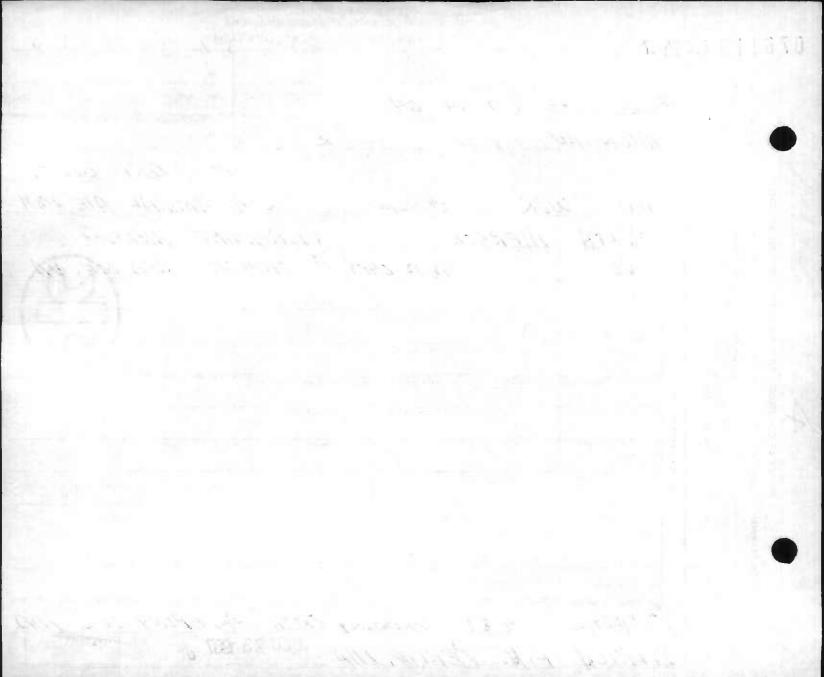
TROING OF MANY STATE OF THE STA

ZZ -20-20-15 C -21-16

STATE OF MARYLAND FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 21 RESISTRAR 20 DATE KNOWN (TYPE OR PRINT) OF IF ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. BY THE STAIN PAGE 5. FOR YOUR FILES. HOULD BEFILED, WITHIN 72 HOURS. A RECORD STREET, DEATH MATED BETTY 2-16-87 6. AGE (IN YEARS | IF UNDER 1 YR. 4 RACE 2d HOUR 3. SEX 5. DATE OF BIRTH IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED 12-16-87 4:35a DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS Salisbury Peninsula General Hospital 13d INSIDE CITY LIMITS? 14 FATHER'S NAME A 18. GIVE PAGE G WITH FORM DIVISION 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7. INFORMANT (YES, NO, ORUNIANOWN) I (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18.

PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
FOR UNRAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT.

AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DISALT MORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound of head IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION metastatic carcinoma of breast 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR MEDICAL 3:10 m 12-16-87 self inflicted 21e PLACE OF INJURY (ATHOME. 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) residence 46 Admiral Avenue Ocean Pines, Maryland 22a I certify that I took charge of the remains described above, held on Autapsy Inspection and in my apinion X death resulted fram: Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) DATE SIGNED 12-17-87 Assistant SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME TYPE OR PRINT) ADDRESS OR CREMATORY 07/84 25M **DHMH - 17** (VR A15 ME (5))



73031 NOV	/ 25	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO. 3 7 3 7	
	1	CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR	
y be oge 3 deoth	-0	James Edward Ward 11 21 89 835	M
r. po	3	X 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR	
ge 4		Thale white 10 07 1904 83 YRS MONTHS DAYS HOURS MIN	
9 9 B	7	IRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH	
deoth When 72	5	Virginia IISA lumaura El Micamica	MD.
offer the day	1	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IT YE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY))R
rs of	1	Alisbury DEEr'S HEAD CENTER FARMER . Truck Farm	
YLAND 21 thin 24 hou ely filled in standid be	5	AL RESIDENCE (IF NORSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 136. CITY OR TOWN 136. INSIDE SITY LIMITS? 136. STREET ADDRESS / ZIP CODE 15. CITY OR TOWN 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME	1
MARY od d d	11	Solomon E. Ward Martha Brimer	
be execut on ond co	1	was deceased ever in u.s. armed forces? 166 social security no. 17. Informant ADDRESS ves. no or unknown) (IF yes. Give war or dates) 221-07-2383 Betty W. Tilghman, Snow Hill, Maryland	
T. BAL rhficote physicia physicia emovol.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MALIGNAUL CACLE XIG APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	н
hot the death or by the ottending one remove each of the premove each one of the premove each other transfer or the promotion or the promotion of the promotion		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CASCINOMO of Prostate with Muchashasis DUE TO, OR AS A CONSEQUENCE OF CASCINOMO of Prostate with Muchashasis DUE TO, OR AS A CONSEQUENCE OF CONSEQU	
DS, 20		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110	
OR red	-	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1/200 AUTOPSY? 1200. IF YES, WERE FINDINGS USED	_
AL RECORDS The low requi ion. the speem signification of the second seco	2	YES NOW YES NO NO	
T Siconoste		216 ACCIDENT WAS UNDERLYING D 216 TIME OF IN HIRY	_

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. YEAR P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 21d INJURY OCCURRED 211 LOCATION CITY OR TOWN (AT HOME, STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

PHYSICIAN 22e ADDRESS

MEDICAL STAFF 22¢ DATE SIGNED

STATE

COUNTY

ATTENDING

DEECS

230. BURIAL, CREMATION, REMOVAL Burial

23b. DATE 11/24/87 23¢ NAME OF CEMETERY OR CREMATORY Bates Methodist

DEGREE

23d. LOCATION CITY OR TOWN

STATE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

MEDICAL

22b. SIGNATURE

Norman F. Dennis, Snow Hill, Maryland

Snow Hill Maryland

NOV 24 1987 July Action Dates

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Burial

W. Kirk Burbage 108 Williams St. Berlin, MD

Evergreen Cemetery

12/8/87

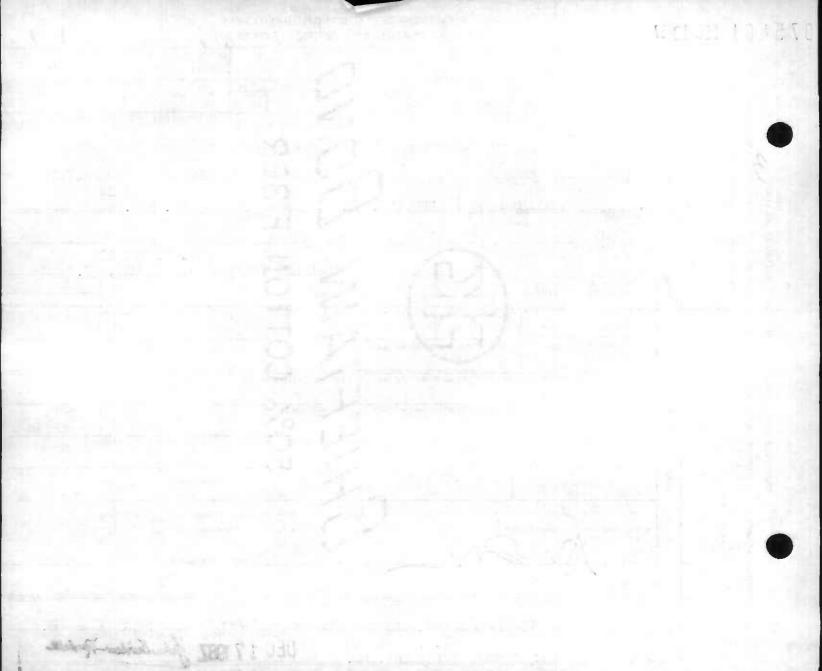
750 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Maryland

Berlin Worcester



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 075461 DEC 18 8 TTATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) CALVIN DIRECTOR. OUR FILES. HOURS WATERS DEATH MATED 12 11,0 87 LEWIS 4. RACE 6. AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE d HOUR LAST BIRTHDAY) PRONOUNCED 1110 87 DEAD MALE BLK 24 59 7g. BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Wicomico County WIDOWED . PRINCESS ANNE DIVORCED USA 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Peninsula General FOR MOST OF WORKING LIFE) Salisbury Hospital LABORER FACTORY USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21826 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MD. WICOMICO ERLITTI AND CAMDEN 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST ISAAC WATERS VIOLA COLL TER RTE. ADDRESS BOX 420 16a WAS DECEASED EVER IN U.S. ARMED FORCES 7. INFORMANT 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) DELORES THAXION SALISBURY, MD AMINER ALONG WI - TRANSIT PERMIT, I ENTAL HYGIENE, DI 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple injuries E. WRITING THE WORD "PENDING" IN PENCIL IN THE RAMINER ALON THE CHIEF MEDICAL EXAMINER ALON THORGS 3 SHOULD BE USED AS A BURIAL - TRANSIT PER SITE DEPARTMENT OF HEALTH AND MENTAL HYGGEN TIZOT PRIOR TO BURIAL, CREMATION, OR REMOVAL TIMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔀 NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AMONTH DAY YEAR UNDERLYING DOR 10:20 12-11-10 87 Pedestrian struck by auto. CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK STATE U.S.13 at Stockyard Rd. road Wicomico. MD EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFER DEATH WITHHEST
BALTIMORE: MARCIAND 2 220. I certify that I taok charge of the remains described above, held an and in my apinian death resulted from Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL Deputy Chief 12-12-87 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION COUNTY STATE 07/B4 BP BURTAL 12-17-87 MT OLIVE BAPTIST DUBL IN SOMERSE 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR ADDRESS RTE. 2. BOX 920 **DHMH - 17** (VR A15 ME (5)) JOLIFY MEMORIAL CHAPFL SALTSBURY.



ADDRESS Same as 13 a,b,c,d,e APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY STATE 19_____, that [1] (we) lost , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS RIVERFIDE DR. SAUSBURY. MD 560 236. LOCATION 231 NAME OF CEMETERY OR CREMATORY St. Paul's Church Cm. wenona Somerset 250 D'ATE REC'D. BY REGISTRAR 256 HE

7h HOUR

12h KIND OF BUSINESS OR

Seafood

Somers

(21870)

(P.O. Box 53)

IF ONDER I YEAR

DHMH - 16 50M 1/81 (VRA 15, 4)

ld b

with

Bradshaw & Sons

23a BURIAL, CREMATION, REMOVAL

(SPECIFY) Burial

74 FUNERAL DIRECTOR

276 PHYSICIAN'S NAME (TYPE OR

FOR

Crisfield, MD

- SUUTAWI- HIO

12/12/87

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7 2 0 0 0		FOR STATE REGISTRAR		DEPARTM	NENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	HENE BEG. N	10.	7 3	2 1
73020 NO		SAND NAME LUTH		MIDDLE		slawski	20. DATE OF DEATH	MONTH D	YEAR 1 87	2b. HOUR
	3. SE	x Male	4 RACE White		Feb		6 AGE (IN YEARS LAST 8		ONTHS DATS	HOURS MIN.
16186	7e. B	RTHPLACE (STATE OR FOREIGN FOUNTRY) ISCONSIN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED D	9 BALTIMORE CITY		OF DEATH	MD.
1190	1	ITY OR TOWN OF DEATH	(IE PONIN SU	CONCE	6 M	Wising Jon	120 USUAL OCCUPA ITYPE OF WORK FOR MOST Welder		126 KIND CO	r Business or
135	13a :		ROTHER INSTITUTION NTY OMICO	136. CITY OR TOWN Salisbur	N	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS		Dr.	Apt. 2
		ATHER'S NAME HRST	MIDDLE	Wenslaw		15. MOTHER'S MAIDEN NA.	MIDDLE		- Humme	
Foger Committee	160 N	VAS DECEASED EVER IN U.S. AI	RMED FORCES? VE WAR OR DATES)	135 07 I		Anna M. We	nslawski		irgrou	nd Dr.
h certificate ding phracia articles aspec or removal		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA	TE CAUSE (a)	or line (of)), (b), and	du	Kup a	inest.		APPROX. BETWEEN	MATE INTERVAL ONSET AND DEATH
by the attention to the control of t		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	(b)_	DR AS A CONSEQUE	10	<u>D</u>		8 6 7		
quire) if	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CO	ndition Give	N IN PART 10	9
he law ce	FICAT	190. DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	
g physics enthicate individuals intol type from 18 sh	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	of Injury A.m. month da P.m.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PA	RT ORPART 2)	
antendor or the turn to and Me trived or the	MEDIC	21d INJURY OCCURRED NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, EA	ARM ETC)	21f LOCATION STREET	CITY OR T	OWN	COUNTY X 7	STATE
ATTENDIB spiral or CTOR. A I for use of Headt		220.1 certify that (I) (this hasp saw the deceased alive a abave_(1) (we) (did) (did no	11-1	19	7. on	, 19 d that in (my) (aur) apinian	death accurred on the	date and haur	and from the	
A DIRE		22b. SIGNATUNE	>		7		MEDICAL ST.	aff ICIAN 🗌	22c DATE	11-1-1
NOSPITAL Connect by 1		HRH	(M. PRINCE)			& Bay	1+ Be	ilu	151	81)
RD		BURIAL, CREMATION, REMOVAL SPECIFY) Cremation	23b. DATE			METERY OR CREMATORY a Crematory	Lewes	Susse	x ^{ount} Del	awar'e

DHMH - 16 60M 7/B4

(VRA 15, 4)

24 FUNERAL DIRECTOR

Kirk Burbage 108 Williams St. Berlin, MD

NOV 24 1987

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NOV 24 TAN JUL JE MAN PLANE

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page 3 er death

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STAT	E OF	MARY	LAND
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DED A DEMENT OF BEALTH AND MENTAL BYCHAIL

3	REG.	NO	3	7	3	2	f file
OF	DEATH	MONTH	DAY		YEAR	25 HOUR	

				CEDTIE	CATE OF DEATH	~ ~ 4	9	7 7	43 13		
7REGISTRAR				CEKITI	ICATE OF DEATH	REG. NO	0	1 3	60 000		
CEASED NAME	FIRST	1	AIDDLE	L	AST	20 DATE OF DEATH M	ONTH DAY		2b. HOUR		
OR PRINT) .	Coor	200	T	T.Th	001107	Decomb	er 5	1987	6:05 PN		
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					DAY YEAR		MON	THS DAYS	HOURS MIN.		
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	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	_	COUNTY OF	DEATH			
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TY OR TOWN OF DEA	TH				OR OTHER INSTITUTION				BUSINESS OR		
		Peninsu	lla Genera	al Hos	spital	The second secon			ortatio		
AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS / 2	ZIP CODE	1	102		
					YES NO			a	1801		
THER'S NAME					15. MOTHER'S MAIDEN NA	ME					
Enank		MIDDLE			FIRST	MIDDLE		LAST T.T1-	7		
	INTER AS	MED EODOFCO				ADDRES	ς	Wr	eatley		
YES, NO OR UNKNOWN)				SECURITY NO. 17 INFORMANT ADDRESS							
No			216 - 18-82	16-18-8244 Edi		dith C. Wheatley, Salisbury,					
18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a), (b), and	d (class				APPROXIM BETWEEN O	NATE INTERVAL		
PART I DE ATH WAS CAUSED BY:											
Conditions, if ony, which gove rise to immediate											
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OK CONTRIBUTING CAUSE OF DEATH											
				19	214 LOCATION	TION					
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AT WORK AT WO											
	(this hospi	tol) ottended th	e deceased from_		, 19	, to	. 19.	, tl	hat (I) (we) last		
saw the deceased alive on											
obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED											
22b. SIGNATURE	7		ATTENDING MEDICAL STAFF								
	2011	7 0	1.1. / 1					10	9/0/		
22b. SIGNATURE	Diff-	7 2.	Wull		PHYSICIAN			17	5/01		
	Doll-	7 R.	Wuld		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIA		17	6/01		
22b. SIGNATURE	De for	or PRINT) L WIE	weld land		PHYSICIAN	DIRECTOR PHYSICIA		burgh	5/01 hd. 21		
226. SIGNATURE 226. PHYSICIAN'S NA JEHNEL BURIAL, CREMATION,	1 Re	PRPRINT) - WIE 23b DATE	land 231 h	NAME OF C	PHYSICIAN 22e ADDRESS	DIRECTOR DHYSICIA SCAL Dr. 1236 LOCATION	Sali	burgh	5/01 hd. 21		
226. SIGNATURE 226. PHYSICIAN'S NA JEHNEL	REMOVAL	· Vie			PHYSICIAN 1220 ADDRESS 560 EVER	DIRECTOR PHYSICIA S. A. Dr. 13d LOCATION CITY OF TOWN	Sali	burght inco Ma	hd. 211 aryland		
226. SIGNATURE 226. PHYSICIAN'S NA JEHNEL BURIAL, CREMATION,	REMOVAL	23b DATE			PHYSICIAN 122e ADDRESS 560 EVER 122e ADDRESS	Scala Dr. 23d LOCATION Salisbury Sa	S./i				
226. SIGNATURE 226. PHYSICIAN'S NA JETHAL BURIAL, CREMATION, SPECIFY) BURI	REMOVAL	23b DATE			PHYSICIAN 122e ADDRESS 560 EVER 122e ADDRESS	DIRECTOR PHYSICIA S. A. Dr. 13d LOCATION CITY OF TOWN	S./i				
III C L III	COUNTRY) LTY LAND ALTY OR TOWN OF DEA BLISDUTY ALTY LAND ATHER'S NAME FRANK MAS DECEASED EVER YES, NO OR UNKNOWN) NO 18 CAUSE OF DEAT PART L DEATH W Conditions, if ony, gove rise to imr couse	Male IRTHPLACE (STATE OR FOREIGN COUNTRY) ITY AND ALRESIDENCE (IF NURSING HOME OR STATE 13b COUN LTY LAND WICC ATHER'S NAME FIRST Frank WAS DECEASED EVER IN U.S. AR YES. NO OR UNKNOWN) (IF YES. CN NO 18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse ol, stoting the Underlying couse lost. PART 2 OTHER SIGNIFICANT (IF STITLE IN THE INTERPLETANT) 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF STITLE IN THE YMEDICAL EXAMINE) AT WORK NOTWHILE AT WORK	Male White IRTHPLACE (STATE OR FOREIGN 76, CITIZEN OF NO COUNTRY) LTY LAND USA ITY OR TOWN OF DEATH 11. NAME OF HEAD IN SUCH PENINSU AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION STATE 136 COUNTY LTY LAND WICOMICO ATHER'S NAME FIRST MIDDLE Frank WAS DECEASED EVER IN U.S. ARMED FORCES? YES. NOOR UNKNOWN) (IF YES. GIVE WAR OR DATES) NO 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID) CONDITIONS (Ib) DUE TO, OI CONDITIONS (IC) PART 2 OTHER SIGNIFICANT CONDITIONS (IC) 190 DATE OF OPERATION 196 CONDITIONS (IC) 210. ACCIDENT WAS UNDERLYING OR OR OR DATES) 210. INJURY OCCURRED 216. FINE OF PACE (AT HOME STE AT WORK AT WORK 21	Male Mhite Mite Mite	Male Male White Mite Marini Mither April Marini Mither April Mither Marini Mither April Mither Mither Mither Mither Mither Mither Marini Mither Mither Marini Mither Marini Mither Marini Mither Marini Mither Marini Mither Marini Mither Mit	Male Male White Month Married White Married Monder Monder Married Married Married Monder Monder Monder Monder Married Married Monder	Male Male	Male Male	Male Male White White Whote Whot		

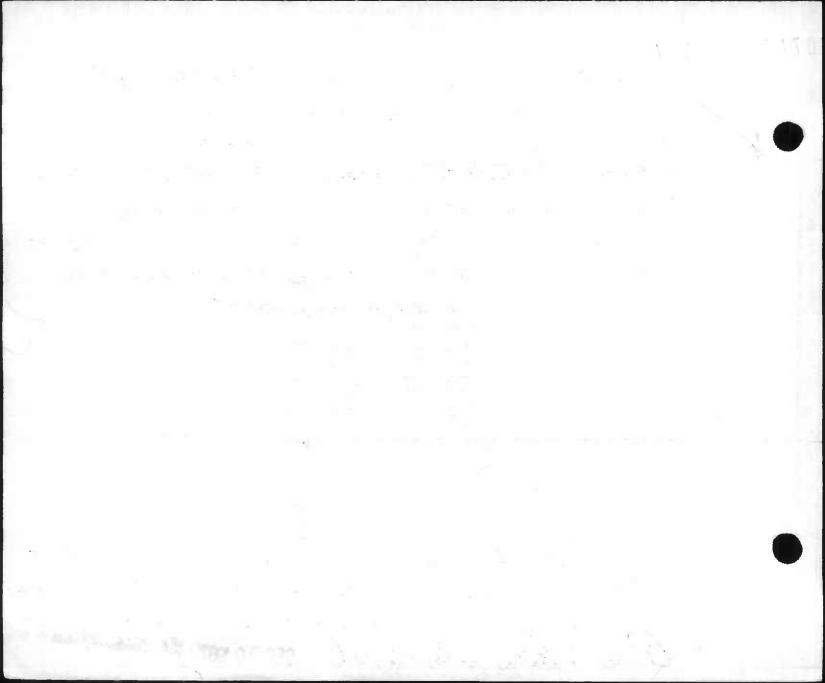
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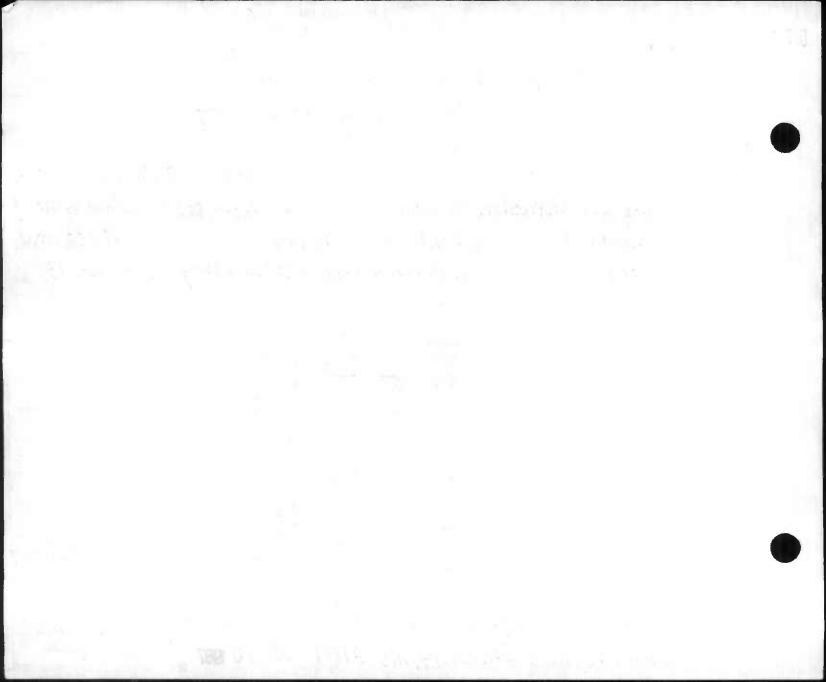
(VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical

FOR



	1	STATE OF MARYLAND
076700 DEC:	18	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 REGISTRAR CERTIFICATE OF DEATH REGISTRAN 7 3 2 3
	1. DE	CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR
4 may be trar, page 3 after death		DRAYSON HUDDARD WHEATLEY SN DECEMBER 25, 1947 0145 M
ge 4 mc ector, p	3. SE	MALE STATE OF BIRTH MONTH 1 DAY 1963 84 YRS. 1. RACE White State of BIRTH MONTH 1 DAY 1963 84 YRS.
death. Page uneral direct hm72 hours		RTHPLACE (STATE OF FOREIGN 7) CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WICOMICO MARRIED NOVER DIVORCED DIVORCED MARRIED MICOMICO MD.
d with	A	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital 120. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital
ARYLAND 2120 I within 24 hours pletely filled in by and 2 shauld be fill beginerrative		AL RESIDENCE (IF NURSING HE ARE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE ARULAND ARULAND
MARYLA mpletely mpletely wand 2 sho	1) F/	ATHER'S MAME ARAFTON MIDDLE LUNEATLEY DAISY MIDDLE HUND ARD AND ARD MIDDLE HUND ARD MIDDLE
AORE, ond co ond co oges		VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 117, INFORMANT VES. NO OTUNKNOWN) (IF YES, GIVE WAR OR DATES) 217-36-1772 A FRANCES H. When Ley See Sec 13
T. The physical reservance of the contract of		18. CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY:
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- T 0 0 5		couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
Permit low r	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
> Z S S O E S	4.1	716. ACCIDENT WAS UNDERLYING AUSE OF DEATH OUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)
VISION OF VIT 3 PHYSICIAN: art his certifical the buriol-tron and Mental Hy ked or frem 18:	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION
DIVISION C Or Other Street Or After this ce of the brice	A.	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
OR: A		27a. I certify that (I) (this hospital) attended the deceased from 2/24, 19/47, to 2/25, 19/47, that (I) (we) lost saw the deceased alive on 2/24, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated
ATT Osput d fo		obove, (I) (we) (Idd) (Idd not) view the body ofter death. DEGREE 27c. DAT SIGNAL SI
0 0 0 0		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 13/26/1987
Fu Fu		22d. PHYSICIAN'S NAME (TYPE OR PPINT) THE FETTO 22d. ADDRESS
5 to 5 to 3	23a 8	BURIAL, CREMATION, REMOVAL 233. DATE 233, NAME OF CEMETERY OR CREMATORY 234 LOCATION COUNTY LOUNTY
BP		UNERAL DIRECTOR 1236 MAY 1 12/28/1981 VANSONS CEMETERY SALISOUNY WIC. MO 1
DHMH - 16 50M 1/81 (VRA 15, 4)	B	AKENYBOUNDS SALISBURY, MO 21801 DEC 30 1987.



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	mo.		3. SE)	4	RACE	5. DATE OF B	IRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
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	oth. Pag	2		OUNTRY) STATE OR FOREIGN 76	CITIZEN OF WHAT COUNT	RY?	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
	9 0	30	N	Ary LAND	V, S, A.	WIDOWED		Wicomico		MD.
	the to	of this of			. NAME OF HOSPITAL, NUI			170 USUAL OCCUPATION		OF BUSINESS OR
5	V	Total Land		lisbury	Peninsula Cer		pital	CLERK	DAII	ry MKT.
213	24 hours filled in by gold be file	9	13a S		13c CITY OR I	EFORE ADMISSION)	INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE .	
AND	n 24 h	9	M	APYLAND WIC	OMILO SALIS	OUNY Y	ES NO	234 Cherr	1 . / 0	21801
MA N	# P	W Th	14. FA	THER'S NAME	DDLE LAST	15	MOTHER'S MAIDEN NA	WE WIDDLE	1 /2	AST =
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20	and	tic e		IMMEDIATE	DUE TO, OR AS A CONS	/	- / -	-		
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8	been rmit. I	à C	ATI	190 DATE OF OPERATION	196 CONDITION FOR WH		VAS PERFORMED	200 AUTOPSY? 20b.	IFYES, WERE FIND	INGS USED
E RE		shows	CERTIFICATION					YES TO NOT	CERTIFYING CAUSE YES	ES OF DEATH?
¥	4YSICIAN: The lading physicion. Is certificate has burial-transit per Mental Hygiene	S Sh	CER	21a, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21	It HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT		
P.	phy	Hem 1		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	L Company	DAY YEAR				
NO	ding ding ding Meri	or He	MEDICAL	21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY		I LOCATION			
DIVISION OF VITAL RECORDS,	ond	morked	W	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFF	ICE, FARM, ETC }	STREET	CITY OR TOWN	COUNTY	STATE
۵		s mo		220.1 certify that (1) (this haspita) attended the deceased fro	om	7 1987	10	19.67	, that (1: (we) lost
		21		sow the deceased alive an above, (I) (we) (did) (did not)	view the body ofter death.	9 ond th	hat in (my) (aur) apinion	death accurred on the date or		
	OR ATT e hospit DIRECTO sched fo Dept. of	te 1		226. SIGNATURE	1 1	DEC	GREE		22c DAT	E SIGNED
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	T Is	- /	23a E	URIAL, CREMATION, REMOVAL		23c NAME OF CEM	ETERY OR CREMATORY	23d LOCATION	L COUNTY	STATE AS
	BP	-	24.51	DUPINL	12/10/1987	pringhil	II Mem LA	HEDRON		ILO, MD
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(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Shed with

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG.	NO	3	7	3	2	0
OF	DEATH	MONTH	DAY	YEA	AR 2	h HOUR	

	REGISTRAR	CERT	IFICATE OF DEATH	8 REG. NO	1 3 6
	CRAFEINT) LAW		ilkens	12 1	DAY YEAR 26 HOL
3. St	Female	A 11 1 - MON	OF BIRTH DAY YEAR O 6 00	87 YRS	IF UNDER TYEAR IF UNDER
2	Maryland	VIDOV		BALTIMORE CITY OR COUNTY WICOMI	
45	Salisbury	NAME OF HOSPITAL, NURSING HOME (IE MOT IN SUCH EACHLITY, GIVE STREET ADDRESS) COMIC	H.	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIF Housewife	126 KIND OF BUSINE INDUSTRY
130.	Maryland 136 COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION TY 13c, CITY OR TOWN Comico Salisbury	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 421 Truitt Stree	t 21801
7.4	Henry W	Mitchell	Maryst	Ann T	ownsend
1 160	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 166 SOCIAL SECURITY NO. 212-14-4937	Same as #	ence E. Wilkins (Sc 13e	on)
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	one couse per line for (a) ib , and (c)	rin Ress	5 Annes/	APPROXIMATE INTE
TION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT			/EN IN PART 100 S, WERE FINDINGS USE
CERTIFICATION				YES NO YE	YING CAUSES OF DEA
1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	R	RED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY
	22a. I certify that (1) (this haspite saw the deceased alive on above, (1) (we) (did) (did not	1/2-15		death accurred on the date and hou	
	22b. SIGNATURE	~~~	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-15k
1		nthes.	3 Bay	11 Ben	ling 218
23a.	Burial, Cremation, REMOVAL Burial		ngo Cemetery	Wango, Wicom	
	FUNERAL DIRECTOR	Jome, P.A., Salisbury,	250. DA	TE REC'D. BY REGISTRAR 25b. REGIST	

DHMH - 16 60M 7/B (VRA 15, 4)

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77	2200	MOU	A .	FOR	DEPARTMENT OF HEALTH AND MENTAL HYG	IENE	med and 100 579
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	1		I. DE	CEASED NAME FIRST	MV7es, LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
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y	T Od o		3. SE		4 RACE 3. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
(ctor,	131		mal=	MINITE 1200 00 19824	53	MONTHS DAYS HOURS MIN.
-	Pog dire		70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	9 BALTIMORE CITY OR COUNTY	OF DEATH
	oth. 72 I	No.	1	Vous York	MARRIED NEVER MARRIED	Wicomico	
	fun fun	5	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
_	offe of the	(E)O	Ca	l i abayer	(IF NOT IN SUCH FACELITY, GIVE STREET ADDRESS)	WARE OF WORK FOR MOST OF WORKING LIFE	E) INDUSTRY
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MARYLAND		1	IA E	THERS NAME	15. MOTHER'S MAIDEN NA	206 CON/	5R) 7
ARY	P P P	E /	13.17	FIRST	MIDDLE FIRST	MIDDLE	
	o l	- Ex		MARIEY	WITKINS /VEZL	1C'	199/02
BALTIMORE	e execu	medico	160 V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS	1- 130
¥	be on o	0 7		2-3 DUR	EA 214-32-1038 FallE W	Ilkins, JAm	
BAL	ysici	it, th		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), and (c).)	2011	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	a ph	ever			TE CAUSE (0) Anterior Myplardial	mfarction	
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EST	death attend	roun		Conditions, if any, which	(b)		
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5		or, cre		underlying cause last	(c)		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	gne gne n plq n	7. o	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART 1(a)
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EC.	3 9 6	ā 5	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
AL R	40 -	shows	TIF			YES NO YES	
<u> </u>	physic physic lificate	Î ®	CE	210. ACCIDENT WAS UNDERLYING		RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
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NIS	G P offer t	rked	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	CITIORIOWA	CODATI
۵	Or Or Se o	m m			ital) attended the deceased from		19, that (I) (we) last
	TTEN pitol TOR for u	2 is		sow the deceased alive or	19, and that in (my) (our) apinion of	death accurred an the date and hour	and from the causes stated
	OR ATTEN e haspita DIRECTOR	tem tem		226. SIGNATURE	DEGREE		22c. DATE SIGNED
	At O At D detoc	#		Bemania	Alleger MID ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	11/13/87
	P b	AN AN		22d PHYSICIAM'S NAME (TYPE	DR PRINT) 22e ADDRESS A	J DIRECTOR FITTSICIAIN	111/12/2
	O HOSPIT etained by TO FUNER should be a	with the Stat		BUXYAMI	- H. Mur & Sh	IMO Salie	an Mel
	of of Sta	3 8	23n F	SURIAL, CREMATION, REMOVAL	23b. DIATE 23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	5019
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STATE OF MARYLAND

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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

1.	STATE		DEPART			MENTAL HYG	IENE	and the	- 7	mg	19	53	.2
07	REGISTRAR			CERTIF	ICATE OF	DEATH	8	REG. N	0.	1	33	60	O
	EASED NAME FIRS		WIDDLE		AST		2a DATE O	FDEATH	MONTH	DAY	YEAR	26 HOU	JR
(TYPE	Guy	, He	rson	Will	iams			-	11/6/8	37		*8.	30R
3. SEX	GI	JY 4 RACE	H.	5. DATE C	DE BIRTH		6 AGE IIN		,	IF UNDER	RIYEAR	IF UNDER	
	Male	White		MONTH 08	H DAY	1908	79		YRS.	MONTHS	DAYS	HOURS	MIN.
Ja BIF	THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.			9 BALTIMO	RE CITY		Y OF DE	ATH		
	rman Oklahor	na U.S.A			D NEVER			WIC	OMICO				4.9
_	Y OR TOWN OF DEATH		OSPITAL, NURSI	WIDOWE NG HOME (NORCED	120 USUAL	OCCUPAT	ION	125	KIND O	F BUSINI	MD.
IV. CII	SALISBURY	(IF NOT IN SUC	HEACILITY, GIVE STREET BURY NURS	ADDRESS)		111011014			of working LI	FE) IND	USTRY	F BO3 1141	233 OK
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M. FA	THER'S NAME					S MAIDEN NAM	WE						
7 (Guy	Y. MIDDLE	Willian	าร	E	l la		MIDDLE		Thor	nas		
16a W	AS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECT		17 INFORM	WITS.	Florer	CE ADDR	es Willi	ams	(Wi	Fe)	
N	es, no or unknown) (IF YI	ES, GIVE WAR OR DATES	415-20	-4915	Mgn								04
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ы	couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF												
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z	PART 2. OTHER SIGNIFICA	ant conditions co	ONTRIBUTING TO	DEATH BUT	NOT RELATE	× 1	-	E OR CON	DITION GI	VEN IN P	ART 1:0	-	
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CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUT	OPSY?	20b. IF YE IN CERTI	S, WERE Fying C	FINDIN	OF DEAT	LH3 D
E							YES 🗌	NO		ES 🗌		NO [
8	210. ACCIDENT WAS UNDERLYIN	110110		AV VEAD	21c. HOW II	JURY OCCURR	RED (ENTERN	ATURE OF INJU	RY IN ITEM 18	PART I OR F	PART 2)		
	OR CONTRIBUTING CAUSE	OF DEATH		AY YEAR									
MEDICAL	21d INJURY OCCURRED	21e PLACE		17	21f LOCATI	ON							
N.	WHILE NOT WHILE	(AT HOME, STE	REET FACTORY, OFFICE,	FARM ETC }	STREE	ī		CITY OF TO	NWN	COL	NIA		STATE
	AT WORK AT WORK												
	22a certify that (1) (this hospital) otherwise the deceased from Willy 344, 198, to 1000, 198, that (1) (weelast												
	the decreased alive on 1601 5 19 57, and that in (my) (our opinion death accurred on the date and hour and from the causes stated that the date and hour ond from the causes stated that the date and hour ond from the causes stated that the date and hour ond from the causes stated that the date and hour ond from the causes stated that the date and hour ond from the causes stated that the date and hour ond from the causes stated that the date and hour ond from the causes stated that the date and hour ond from the causes stated that the date and hour ond from the causes stated that the date and hour ond from the causes stated that the date and hour ond from the causes stated the date and hour ond from the causes stated that the date and hour ond from the causes stated the date and hour ond from the causes stated the date and the date and hour ond from the causes stated the date and the date and hour ond from the causes stated the date and the d										oted		
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1	PADT M DEAE				22e ADDRE	IC AVE.	g. DM	50	SAT	MD	218	01	
	EARL M. BEAF	RDSLEY, M.I	J.		CTV.	LU AVE.	α ni.	90,	DALI.	TID.	210	0.1	
23a. B	URIAL, CREMATION, REMO				EMETERY OR		23d. LOC	ATION		COLET	v		PATE
(:	Cremation	11/07/	/1987 Sc	alisbur	y Crem	atory	Salis	bury,	Wicon	nico	, Mo	ryla	nd

DHMH - 16 60M 7/84 (VRA 15, 4)

D FUNERAL DIRECTOR: After this certificate hos

PORTANT: If Item 21 is

Holfóway Funeral Home, P.A., Salisbury, Maryland

2 1987

Julia Diridon Radallo

NOV 1 SENSO TO LANGE TO VOV

MRNSSO

23b. DATE

230 BURIAL CREMATION, REMOVAL

(SPECIFY Cremation

24 FUNERAL DIRECTOR

FOR

- STATE

FUNERAL DIRECTOR: be deto e State [ld b (VRA 15, 4)

DHMH - 16 50M 1/81

11/22/1987 Salisbury Crematory Holfoway Funeral Home, P.A., "Salisbury, Maryland" NOV 24 1987

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23c NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Salisbury, Wicomico, Maryland

2h HOUR

12b. KIND OF BUSINESS OR

21801

APPROXIMATE INTERVAL

NO [

STATE

Button

COUNTY

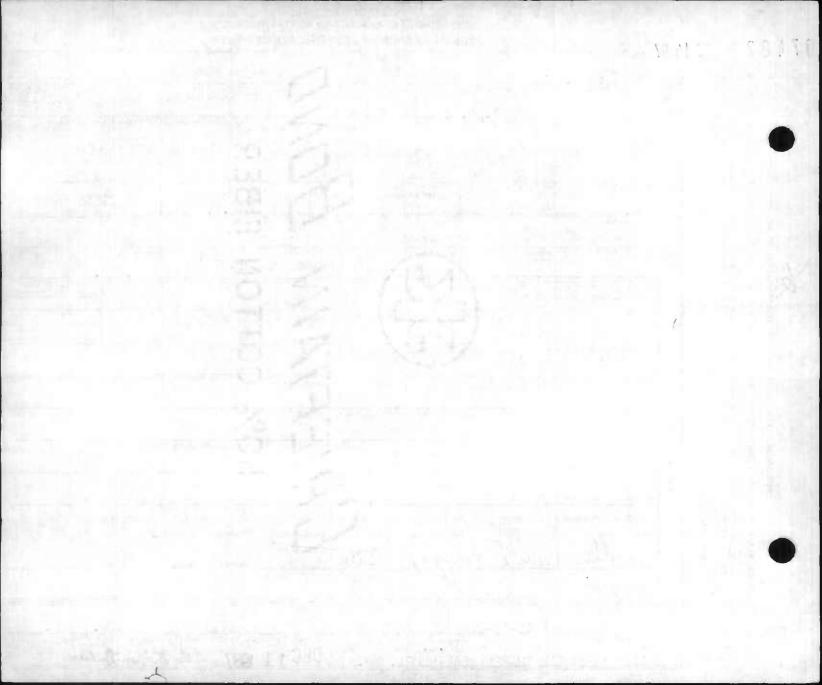
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		A SEE	E E E	3. SE)			TR DATE OF BIR		6 AGE (IN YE		IDER 1 YR.	IF UNDER 2		c. DATE		MONTH	DAY	YEAR	2d HOUR
		IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES.	N SI	12	M B	LK	MONTH D	9 29	LAST BIRTHD	1	HS DAYS	HOURS	MIN P	RONOUP DE AD		12/	5/	19 87	11:0 a M
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	9	F 23	NAMA	14. F	ATHER'S NAME	T WILLIAM		_ WUAD			15 MOTHE	ER'S MAIDE							
	Ä, A	DEATH. GES J.	23/1	U	IRA		WIDDLE	WRIGH	LAST			ILLIAI	VI	N	AIDDLE	HUL		LAST	
	NO	TER DE FORM	2 Z	16a. \	VAS DECEASED EVE	R IN U.S. ARME			CIAL SECURIT	Y NO.	17. INFORA	TAAM		10	06°WE				
1	1 =	AFTE SIVE	I. PAGES I	1	ES, NO, OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	217	-28-38	13	FRAN	KLIN I	WRIGH		LISBU				
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	95	토금광	AL H REV		Canditions, if		(b)	VI											
	≥	UTED WITHI	SENT S		couse (o) statii	ng the under-	DUE TO,	OR AS A CO	NSEQUENCE (OF	= 17	J							
	201	523	O W A L		lying couse los	1.	(c)		-										
	DIVISION OF VITAL RECORDS, 201 W. PRESTON 51., BALTIMORE, MD. 21201	D BE EXECTED ING.	SED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICA	ENT CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT NOT REL	ATEO TO THE TERM	INAL OISEAS	OR CONDITIO	N GIVEN IN PAR	T l a						
	S. C.	AEND W	ALT	CERTIFICATION							- 1.2		1,00						
	AL R	SHOULD ORD "P	SED F HE	CA	190. DATE OF OPER	RATION	196 CON	IDITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20 A	AUTOPSY?	
	VIT.	WORD WORD	BE USED NT OF HE BURIAL,	E	210. EXTERNAL CA	DISE VALAS	015 THAT	OF INJURY										YES 📉	NO 🗆
	Ö	A P	GE 3 SHOULD BE UNTER DEPARTMENT CONTROL TO BUR		UNDERLYING			A.M. MONTH			OW INJURY	OCCURRED) (ENTER N.	ATURE OF IN	JURY IN ITEM 18	PART I OR PA	ART 2)		
	Ö	FEB	SAR SAR	MEDICAL	CONTRIBUTING			P.M. CE OF INJURY	2-5 19 87		Overed	in unha	eated	house	during	cold	spel	1	
	N N	CENT	GE 3 CE 3 SOI PE	MEC	WHILE NO	T WHILE	STREET,	FACTORY, FARM		S	TREET	34		CITY OR TO			YINUC		STATE
	u		PAGE STATE D		AT WORK AT	WORK W	H	ome		Rt	. 1, Bc	0x 109	Qua	intico	, Wico	mico,	MD.		
		A TEN	SES,		22a I certify tho	Mook charge	of the remains	desgibed ob	ove, held on	Autop	sy X	Inspection	<u>□</u> .	Inquiry	L, or	nd in my o	pinion		
		AN HE	E E S		death resulted 150	m: Naturo	mungal	Accident	X . 50	icide	Homic	cide 🔲 ,	Undete	rmined mo	onner 🔲,				
		EXAMI CERTIFI	WAR WAR		ACTUAL NO	2000	261X	he. f	h 70	77111		PECIFY)				DATE			
		CAL EX. THE CER SHOULD	ATH ATH	12/	SIGNATURE	unu	W/	vogi	1110	NUM	ASSI ASSI	istant	MEDIC	CALEXAM	AINER	SIGN	ED	12/6/	87
		B Z 4	WO WO	1	EXAMINER'S NAM	E Don	nis F.	Cmrzth	MD			111 7	022	C+	Dalla	M		1201	
		TO ME EXECU	TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21:	00	(TYPE OR PRINT)	Den					ADDRESS_				Balto	· M	١. ٧	TZUI	
			T A B	23a.B	URIAL, CREMATION				NAME OF CE		RCREMATO	ORY	CITYO	RTOWN	177.4.1		YINTY	STA	
	07/84 25M	4 BP_Y	10	74 F	BURI.	AL	12-11-8		DD FELL			250. DATE RI		TIPQU		WI(CO.	MD.	
			H - 17	1	NAME				2, BOX		DE			A A			A	UKE	
		(VR A1	ME (5))		JOLLEY MEI	MORIAL	CHAPEL	SALIS	BURY.	MD.	U	011	1987	Gu	Ma 1)60	edern.	Kanda	J.A.	



072531

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	3 REG. NO.	3	1	.5	3	ì
	20. DATE OF DEATH MONTH		-81	YEAR	26 HOL	30 M
Ī	6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDE	RIYEAR	IF UNDER	24 HRS
	(7)	I	MONTHS	DAYS	HOURS	MIN.

20 -	FOR TATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 ZEG. NO.	7 3 3 1				
	CEASED NAME FIRST WALT	MIDDLE R 14. RACE	ZACKERY 5. DATE OF BIRTH	20. DATE OF DEATH MONTH	0-87 10 39				
	male	Black	NONTH DAY YEAR S	82 YRS					
	COUNTRY A BAMA	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN	O M				
10. C	9LISBURY	11. NAME OF HOSPITAL, NU RIFNOT IN SUCH FACILITY, GIVES RIVERIDALK	URSING HOME OR OTHER INSTITUTION STREET APDRESS)	120 USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORKING	GLIFE) 126. KIND OF BUSINESS OF				
USU Tau	IAL RESIDENCE HE NURSING HOME O		BEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS? SPURY YES NO	130.STREET ADDRESS / ZIP CO	DE 1 2/801				
14.53	ATHER'S NAME	MIDDIE ZAC	15. MOTHER'S MAIDEN NO FIRST PAUL	line S, WI	hiterast				
	WAS DECEASED EVER IN U.S. AF (YES NO OR UNKNOWN) [IF YES, GT	RMED FORCES? 166 SOCIAL VE WAR OR DATES)	SECURITY NO 17 INFORMANT VIOLET FOLK	613 PEARLS	st. SAlis, Md.				
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA		noma of Pre	state	BETWEEN ONSET AND DEATH				
	Conditions, if ony, which	DUE TO, OR AS A CONS	SEQUENCE OF		0				
	gove rise to immediate couse 101, stating the underlying cause lost.	DUE TO, OR AS A CONS	SEQUENCE OF						
NO	PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN CHEMOSclaro Lic Occlusive DISEASE								
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO				
7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	1 DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)				
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
	220. certify that (#) (this hasp saw the deceased alive or above. (#) (wid) (#)	2/02/ 12	6- 19	death occurred on the date and t	, 19, that (we) los hour and from the couses stated				
	226 SIGNATURE	s C Hell	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED				
	THOM US C	ORPRINT) Hill JR	Pine Bluff	Road Sali	sbury Md				
23n	BURIAL CREMATION REMOVAL	123h DATE	231 NAME OF CEMETERY OR CREMATORY	123d LOCATION	1-1-1-1				

DHMH - 16 60M 7/84 (VRA 15, 4)

OREMATION 11- a 21. FUNERAL DIRECTOR LAPEL JOLLEY MEM. CHAPEL

Delmarva Crematory 11-21-87 Rt #2 Box 920 SATISBURY, Md.

TOTAL CITY OR TOWN

TOTAL

0125510 301 E CONTROL OF THE STATE OF THE S 18 2007 Land Comment of the St. VOH

